

# REQUEST FOR ACCREDITATION FOR 100% DISABLED

I, the undersigned.....

Born in .....

The .....

Email address for sending booking confirmation.

E-mail

.....  
Telephone number for any phone communications

.....  
Ambulatory  Not ambulatory

## I REQUEST

Accreditation for the match Palermo FC VS ..... dated

.....  
and accept the procedures for entering the stadium and ordering tickets that Palermo F.C. S.p.A. will reserve for me.

## COMPANION: Mr/Mrs

.....  
(Only if required by the certificate of disability)

Born in .....

The .....

Find attached copies of the certificate of disability and of the identity document of the applicant and any accompanying person.

## NOTICE FOR THE PROCESSING OF PERSONAL DATA

The data provided in this form will be processed in accordance with Legislative Decree No. 196/2003, exclusively for the purpose of allowing you to enter the stadium. Completion of this form is an essential condition for acquiring the qualifications of access for football events.

The titles that are exclusively nominative as required by the D.M. of the Ministry of Internal Affairs dated 06th June 2005. The data requested as foreseen by the D.M. will be cancelled within 7 days after the football event.

DATE

APPLICANT SIGNATURE