



Statement of Authorization

To be completed and signed by the Partner School Director.

Please email (sophie.rogivue@prixdelausanne.org) or fax (+41 21 643 24 04) by Friday January 13th, 2017

I, _____

Director of _____

Delegate _____ to represent my school during the Prix de Lausanne 2017.

I understand that this person will be allowed to attend the Partner School Meeting(s) where an official representative of the school is expected.

Within such a meeting, my representative **does/does not** (please delete as appropriate) have voting rights and **can/cannot** (please delete as appropriate) make decisions on behalf of the school.

In line with the Rules and Regulations of the Prix, this person will have appropriate access throughout the competition to classes, coaching sessions, as well as the selections, finals and farewell drink.

Director's Signature:

Place:

Date: