



**ACCREDITATION REQUEST FORM FOR PEOPLE WITH DISABILITIES**

I, the undersigned \_\_\_\_\_

born in \_\_\_\_\_ on \_\_\_\_\_

**WALKING**       **NON-WALKING**

E-mail address for confirmation

\_\_\_\_\_

Telephone number \_\_\_\_\_

request the issue of an access ticket to attend the match of the

MEN'S FIRST TEAM     WOMEN'S FIRST TEAM

**SASSUOLO – \_\_\_\_\_ on \_\_\_\_\_**

and expressly accept the procedures indicated by U.S. Sassuolo Calcio in compliance with the relevant provisions of law.

**ACCOMPANYING PERSON** - First and last name \_\_\_\_\_

Born in \_\_\_\_\_ on \_\_\_\_\_

*Please note that to register for the service, you must send a copy of your ID and a copy of your disability certificate to U.S. Sassuolo Calcio.*

I declare that I have read the information notice and consent to the processing of my personal data revealing my state of health

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_

**INFORMATION NOTICE ON THE PROCESSING OF PERSONAL DATA PURSUANT TO REGULATION (EU) 2016/679 (“GDPR”)**

The personal data collected through this form will be processed by U.S. Sassuolo Calcio S.r.l. to follow up on your request and to comply with the legal obligations to which it is subject. The data may also be used by the Club in the event of legal disputes. For the purposes indicated above, the data will be stored for a period of ten years or, in the event of legal disputes, for the entire duration of the dispute and until the expiry of the time limits for bringing legal action. The data is mandatory in to process your request. The data may be processed by external parties acting as independent Data Controllers, such as, by way of example, supervisory and control authorities and bodies.

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