## MARCIALONGA SPECIAL MARCIALONGA 70 PUNTO 3 CRAFT ::-

The entry-form must be clearly filled in with all personal details and obligatory sent by fax +39 0462 501120 or e-mail info@marcialonga.it with the copy of bank transfer of 150 €. The bank details are the following:

SWIFT code/BIC code: CCRTIT2T50A

Bank Cassa Rurale di Fiemme – Predazzo Trento Italy

Account: 00/083816

Name: SCI CLUB MARCIALONGA

**MARCIALONGA SKIING 29.01.2017** 

IBAN Code: IT 27 S 08184 35280 000000083816

Without any charge for us

The Organising Committee is authorised to reject entries when reaching 70 registrations or after the deadline set on 30<sup>th</sup> November, 2016.

## **INDIVIDUAL ENTRY**

NAME AND SURNAME
DATE OF BIRTH
ADDRESS (STREET, CODE, CITY)
PHONE NUMBER
EMAIL
SIZE S - M - L - XL
MARCIALONGA CYCLING CRAFT 04.06.2017
*TEAM
TEAM CODE
LICENSE NUMBER
MARCIALONGA RUNNING COOP 03.09.2017
*TEAM
TEAM CODE
LICENSE NUMBER

For the running race those without a valid license, may request the RUNCARD at the race office (license issued directly by FIDAL valid for permission to participate in athletic competitions) presenting a medical certificate.

<sup>\*</sup> For the cycling race those who are not licensed, a medical certificate specific for bicycle disciplines and attending the physical ability of the athlete is requested.

## **TEAM ENTRY**

## **MARCIALONGA SKIING 29.01.2017**

NAME AND SURNAME	
DATE OF BIRTH	
Address (street, code, city)	
PHONE NUMBER	
EMAIL	
SIZE S - M - L - XL	
MARCIALONGA CYCLING CRAFT 04.06.2017	
NAME AND SURNAME	
DATE OF BIRTH	
ADDRESS (STREET, CODE, CITY)	
PHONE NUMBER	
EMAIL	
SIZE S - M - L - XL	
*TEAM	
TEAM CODE	
LICENSE NUMBER	
MARCIALONGA RUNNING COOP 03.09.2017	
NAME AND SURNAME	
DATE OF BIRTH	
address (street, code, city)	
PHONE NUMBER	
EMAIL	
SIZE S-M-L-XL	
*TEAM	
TEAM CODE	
LICENSE NUMBER	

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