





Press				
Agency:				
Surname:				
Name:				
Tasks:				
Email:	<u>@</u>			
I signed in and quality as abo	ove, when seeking accredita	ition to the even	t.	
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This completed form may be of Cortina d'Ampezzo on da to 8:00pm and December15 deposit of € 20. It will be 12:00pm) after delivery of the	ys December 13 th from 4:00 th from 8.00am to 8.00pm; returned (Race Office ope	Opm to 8:00pm, the withdrawal on Sunday, Dece	December 14 th fi of the bib will ember 16 th from	om 3:00pm be required
For acceptance, accreditation	and receipt deposit Euro			
	Per Snowboard Club Cortin	10		
	Tel Silowoodid Cido Coltii	.a	_	
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I declare that the aforemention expect from the organization		on	and I have nothi	ng to
	Signature (1	eadable)		

SNOWBOARD WORLD CUP CORTINA D'AMPEZZO











