



INSURANCE CARD REQUEST 2020



The undersigned FIST NAME _____ FAMILY NAME _____

REQUESTS THE ACSI 2020 INSURANCE CARD (1 year validity from the date of issue)

DATE OF BIRTH _____

ADDRESS (STREET, ZIP CODE, CITY) _____

PHONE NR _____

EMAIL _____

In order to get the insurance card, it is necessary to show a medical certificate stating the health compliance to practice running activity (D.M. della Sanità del 18/02/1982 and following)

I hereby declare to be suitable to light athletics and attach the medical certificate valid at the date of the race that confirms it.

DOCUMENTATION TO SEND TO info@marcialonga.it:

- THIS DOCUMENT, FILLED IN AND SIGNED
- COPY OF THE VALID MEDICAL CERTIFICATE
- COPY OF THE BANK TRANSFER OF 5€ (IBAN IT27 5081 8435 2800 0000 0083 816 Cassa Rurale Val di Fiemme, BIC CCRTIT2T50A – Object: TESSERA ACSIFIRST NAME and FAMILY NAME)

THE APPLICANT

(PLACE AND DATE)

(SIGNATURE)