

	Name	Last name First Name
	Gender	Male Female
Fill in the form with your personal details and send it to fax INT + 0462-501120 or to email entry@marcialonga.it with copy of the payment of \in 30,00 to:	Date of Birth	(dd/mm/yyyy)
	St	reet
Cassa Rurale di Fiemme	Cit	y
IBAN IT27 S081 8435 2800 0000 0083 816	Address Zij	
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As established in the Law D.Lgs. 196/03 Art.13, the personal details of competitors will be used for the database, the archives, the start and result lists, the photo-service, the different information and magazines, only by the people in charge of this job inside the Marcialonga Organising Committee, which is the named responsible as establish in the same law Art. 11. It is possible at any time to require the Privacy Rights of the D.Lgs. 196/03 Art. 7.	Handy Phone	
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	Team Code	
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Signature ____

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