



I, the undersigned

Place of birth _____ Date of Birth _____

Nation of birth _____

Email _____ Phone + _____

Require the card ACSI for the running races (expiry date 31.12.2022)

S.C. MARCIALONGA A.S.D.

Code 12RM323

> I provide to send this form via email entry@marcialonga.it together with the following documents:

> The medical certificate for competitive race. The certificate must be issued by a Doctor who declares the suitability for competitive sporting activity. (D.M. della Sanità del 18/02/1982)

I declare I declare to be physically fit for competitive sporting activity for cycling and I deliver my medical certificate that is valid until _____

> The receipt of payment of 5€ on the following bank details:

SWIFT code/BIC code: CCRTIT2T50A
Bank Cassa Rurale di Fiemme – Predazzo Trento Italy
Account: 00/083816
Name: SCI CLUB MARCIALONGA
IBAN Code: IT 27 S 08184 35280 000000083816
Without any charge for us

Date _____

Signature _____