

**14 JUNE 2015**

Complete the form and sent it by fax +39 0462-501120 or email [info@marcialonga.it](mailto:info@marcialonga.it) with the copy of payment of Euro 40,00. 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

IBAN Code: IT 27 S 08184 35280 000000083816

Without any charge for us

**PARTICIPANT 1**

NAME \_\_\_\_\_

SURNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADRESSE (STREET, ZIP, CITY) \_\_\_\_\_

EMAIL \_\_\_\_\_

HANDY \_\_\_\_\_

CYCLING TEAM \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

If you are not a member of a cycling Team it is obligatory to present a medical certificate for bike disciplines and to ask for the one day card insurance according to the race rules. The cost is 15,00 € to pay at the start-number collection.

SIZE (XS- S / M / L-XL) \_\_\_\_\_

**PARTICIPANT 2**

NAME \_\_\_\_\_

SURNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADRESSE (STREET, ZIP, CITY) \_\_\_\_\_

EMAIL \_\_\_\_\_

HANDY \_\_\_\_\_

CYCLING TEAM \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

If you are not a member of a cycling Team it is obligatory to present a medical certificate for bike disciplines and to ask for the one day card insurance according to the race rules. The cost is 15,00 € to pay at the start-number collection.

SIZE (XS- S / M / L-XL) \_\_\_\_\_