



## ACSI CARD 2025 REQUEST



I, the undersigned (FIRST NAME) \_\_\_\_\_

FAMILY NAME \_\_\_\_\_

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

ADDRESS (STREET, ZIP CODE, CITY) \_\_\_\_\_

PHONE NR \_\_\_\_\_

EMAIL \_\_\_\_\_

### REQUEST FOR THE ACSI 2025 INSURANCE CARD (valid for one year from the date of issue)

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

#### DOCUMENTATION TO SEND TO [info@marcialonga.it](mailto:info@marcialonga.it):

- THIS DOCUMENT, FILLED IN AND SIGNED
- COPY OF THE VALID MEDICAL CERTIFICATE
- COPY OF THE BANK TRANSFER OF 5€ (IBAN IT27 S081 8435 2800 0000 0083 816 Cassa Rurale Val di Fiemme, BIC CCRTIT2T50A – Object: TESSERA ACSI FIRST NAME and FAMILY NAME)

THE APPLICANT

\_\_\_\_\_  
\_\_\_\_\_

(PLACE AND DATE)

(SIGNATURE)