



## ONE DAY 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 the day of the race 25/05/2025)

In order to get the insurance card, it is necessary to have a medical certificate stating the health compliance to practice cycling 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

THE APPLICANT

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

(PLACE AND DATE)

(SIGNATURE)