



RICHIESTA TESSERAMENTO 2025



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 show a medical certificate stating the health compliance to practice cycling activity (D.M. della Sanità del 18/02/1982 and following)

I hereby declare to be suitable to light athletics and attach the medical certificate valid at the date of the race that confirms it.

DOCUMENTATION TO SEND TO info@marcialonga.it:

- THIS DOCUMENT, FILLED IN AND SIGNED
- COPY OF THE VALID MEDICAL CERTIFICATE

THE APPLICANT

(PLACE AND DATE)

(SIGNATURE)