

TEAM REGISTRATION FORM
9° TILIMENT MARATHON BIKE
 April 22 and 23, 2017

↓ Choose the Race: ↓

MARATHON Valid for **UCI – MTB MARATHON SERIES, MARATHON TOUR – FCI national circuit, Alpe Adria Cup, Alpen International Tour and Friuli Challenge**

GRAN FONDO National Race, Valid for **Alpen International Tour, Alpe Adria Cup and Friuli Challenge**

PLEASE SEND PER FAX TO: +39-051-9525760

E-mail: iscrizioni@sdam.it

MTB Team		MTB Team Code	
Address		Street no.	ZIP
City		Province	
Country			
Telephone		Mobile Phone	
E-mail		FAX	

Personal Chip Code (Green A-Chip or YellowChip – No BlueChip) – info about chip: www.mysdam.it/info-chip.do

	Athlete Surname and First Name	Gender		Date of Birth	Category	Membership Card no.	UCI Code	Chip Code
		M	F					
1								
2								
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INFORMATION: FCI athletes are requested to register by the FCI computer system as well <http://ksport.fattorek.it/fci/>

I declare that all information provided are true and I am aware that any false statements cause my exclusion from the event. I have read and accepted the Rules of the event hence I assume the liabilities provided by that Regulation. I give my consent to the processing of personal information, by both the event organizer and SDAM Company, with regard to the organization of this event.

Date ___/___/___ Signature _____

I declare to be aware that the participation in this event requires an intense and prolonged effort, it entails normal and foreseeable risks related to the sport activity and therefore I commit to be in good health. I relieve the organizer of the event from compensation for any damages arising from normal and foreseeable risks related to the sport activity, with exception to get the insurance settlement in the cases provided by the insurance policy. I authorize SDAM Company to send information about sport of interest for athletes. I allow the use of photographs, film footage, records resulting from my participation in this event for any legal purpose, including advertising.

Stamp and Signature: THE MTB TEAM CHAIRMAN _____

REGISTRATION PAYMENT METHOD:

Bank transfer to: **A.S.D. Polisportiva Trivium – IBAN: IT 06 Y 0880565030 013000004806 – BIC: ICRAITRRMD**