


SINGLE REGISTRATION FORM

10° TILIMENT MARATHON BIKE

April 21 and 22, 2018

↓ Choose the Race: ↓

- MARATHON** Valid for  - MTB MARATHON SERIES, MARATHON TOUR – FCI national circuit, Alpen International Tour and Friuli Challenge
- GRAN FONDO** National Race, Valid for **Alpen International Tour** and **Friuli Challenge**

REGISTRATION FORM

PLEASE SEND PER FAX TOGETHER WITH THE RECEIPT OF PAYMENT TO: +39-051-9525760

E-mail: iscrizioni@sdam.it

Surname			First Name			
Gender	<input type="checkbox"/> male			<input type="checkbox"/> female		
Address			Street no.		ZIP	
City			Province		Country	
Date of Birth			UCI Code			
Category		Membership Card no.		Club		
Team				Team Code		
Home Phone			Mobile Phone			
E-mail						

INFORMATION: FCI athletes are requested to register by the FCI computer system as well <http://ksport.fattorek.it/fci/>

Personal Chip Code (Green A-Chip or YellowChip – No BlueChip)

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- INFORMATION ABOUT CHIP: www.mysdam.it/info-chip.do

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.

Date ___/___/___ Signature _____

REGISTRATION PAYMENT METHOD:

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

Signature _____