



Michele Bartoli

SUBSCRIPTION FORM

Compile and send it by fax at n° +39058322568 or +390583277167

The form must be sended within the 1st March 2010.

Name of the Team _____

Name and surname		Sex M F	n° of license	Corporation	Club
Date of birth	Adress	Country	Postal code	E-mail	

Select to subscription also to GF Michele Bartoli	
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Name and surname		Sex M F	n° of license	Corporation	Club
Date of birth	Adress	Country	Postal code	E-mail	

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Date of birth	Adress	Country	Postal code	E-mail	

Select to subscription also to GF Michele Bartoli	
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Postal transfer to
 Iban IT 91 00760113700000069880094
 Bic BPPIITRRXXX
 TO asd New Life/ Cronosquadre Versilia

Until 10-11-2009 € 220,00 for each team.
 From 11-11-2009
 to 1-03-2010 € 260,00 for each team.

Bank trasfer to:
 Iban IT 21 N 01030 70190 000000075586
 BIC PASCITM1LU0
 To Asd New Life/ Cronosquadre Versilia

Subscription also to
 GF Michele Bartoli € 20 for each participant.

President or leader of the Team _____

I guarantee the good behavior of the participants during and following the event. I declare that they are in good health, they possess a medical certificate for amatorial cycling activity(DM 18/2/82), they hold a valid membership license, and they have read and approved the Regulations of the race. The participants also agree to treatments of their personal data in accordance with law 675 of 31/12/1996.

Sign of the President or the leader.....