

REGISTRATION FORM DIVINICOLLI 7th JUNE 2015

www.divinicolli.it

Person of reference's data:

SURNAME*		NAME*	
GENDER	M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH*	____/____/____
ADDRESS		POSTCODE	LOCALITY
MUNICIPALITY		PROVINCE	
NATION		E-MAIL*	
TELEPHONE		MOBILE PHONE*	

Other participants:

SURNAME AND NAME	DATE OF BIRTH	SIGNATURE
1-		
2-		
3-		
4-		
5-		
6-		
7-		
8-		
9-		
10-		

TOT. PAYING PARTICIPANTS Nr.:	NOT PAYING CHILDREN Nr.:

- By feet (short itinerary: 8 km); Start at 10:30 am Start at 11:00 am
- By feet (long itinerary: 14 km), start at 10:00 am By bike (20 km), start at 10:00 am
- Bank transfer payment – Please attach a copy of the payment receipt to this sheet
- Payment in cash at the Tourist Information Office; receipt of payment nr. _____ .

DATE

REFERENT'S SIGNATURE

By filling in this participation form I **DECLARE** that I read and completely accepted the Rules of DiviniColli 2015.

Every change will be communicate by e-mail or by mobile phone above-written.

*Obligatory