

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