

# VII° G.F. Colli del Chianti

9 June 2024

Registration form (individual)

Surname \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Country \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of birth \_\_\_\_\_

e-mail \_\_\_\_\_

Society \_\_\_\_\_ Card N° \_\_\_\_\_

Society code/number \_\_\_\_\_

**Please select the relevant body by placing an X in the box**

UISP ( ) FCI ( ) UDACE ( ) ALTRI ( )

**Please select the course you would like to undertake**

Cicloturistico 48km ( ) Mediofondo 89km ( ) Granfondo 128km ( )

The participant declares that he or she is in possession of a medical certificate as stipulated by D.M. 18-02-82, and in completing this registration consents to the processing of his or her data according to Article 13 of D.Lgs. 196/03.

Signature

Please send this form, fully-completed, send to [info@cdrbiketeam.it](mailto:info@cdrbiketeam.it) together with the confirmation of payment.