

Please write in **CAPITAL LETTERS**

Name and last na	me				
born in				birthday	
resident in				zip code	
address				tel. number	
Motoclub					
Motorbike					
Licence/Card N°					
I WOULD LIKE TO PARTICIPATE IN THE CATEGORY:					
Team name					
Team members					
	T-shirt size (only if subscribed within 31th May)	0	SMALL LARGE	○ MEDIUM ○ XTRA LARGE	
٨	lame on the t-shirt	-			

I authorize the use of my personal information according to the law 675/86

Please fill the form, print it and send it by fax to 0342/512982