

DueGiorni Supertrial

Please write in **CAPITAL LETTERS**

Name and last name

born in

birthday

resident in

zip code

address

mobile phone

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)

SMALL

MEDIUM

LARGE

XTRA LARGE

Name 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