

## Please write in **CAPITAL LETTERS**

Name and last nan	ne				
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					
	<b>T-shirt size</b> (only if subscribed within 31th July)	O O	SMALL LARGE	<ul><li>○ MEDIUM</li><li>○ XTRA LARGE</li></ul>	
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