



## **Application form Bianchi**

| Surname / Name   |   | M 🗀 F 🗀  |  |
|--|---|--|--|
| Date of birth  | Profess   | sion   |  |
| Address  |   |  |  |
| Zip code City  |   | Country  |  |
| Tel  |   | Mobile   |  |
| E-mail (obligatory)  |   |  |  |
| Membership Card n  | Cycling Team  |  |  |
| Company Code   | Entity  | Non-registered   |  |
|  |   |  |  |
| BY FAX, MAIL OR E-MAIL  1. Fill in all fields and sign the registration form;  CONFIRMATION  It will be possible to check the entry 15 days after the official website FeliceGimondi.com.  RACE PACKS AND NUMBERS DISTRIBUTION  At ExpoGimondi: Saturday, May 6, 2017 from 9.  DEPARTURE  Departure on Sunday, May 7, at 7.00 AM in via 1. | er the procedure's completion on 00 to 20.00.   | DOCUMENTS TO BE SENT  - Application form, thoroughly filled out in its entirety and signed;  - If required, a copy of medical certificate clearing to take part to competitive cycling races (issued by a sports doctor or a sports medicine center and valid on of May 7, 2017).  CAUTION  The organization will not accept registration forms not accompanied by the entry fee or without full personal details, contact details (address, phone, e-mail) and / or signature.  The documentation of enrollment / medical certification must be submitted within April 19, 2017, otherwise the applicant will not be allowed to race. |  |
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| www.FeliceGimondi.it, all sponsors of the event, all de  | partments and agencies of the event, their rall the above organizations to use photogra | les of the 2017 Gran Fondo Internazionale Felice Gimondi published in full on the websitrepresentatives, to accept all the present and future claims or liability of any kind arising fron aphs, tapes, videos, images on websites and anything related to my participation in this even privacy laws.   |  |
| Date   |   | Signature  |  |