



A.S.D. W.W.P.ORGANIZATION

REGISTRATION FORM

1st MARCO OLMO DESERT TRAINING – feb. 28 – mar. 06/2016

NAME AND SURNAME

PLACE OF BIRTH.....DATE.....NATIONALITY.....

RESIDENT INADDRESS.....

TEL.....MAIL.....

EMERGENCY PHONE NUMBER WHILE YOU'LL BE IN MOROCCO.....

EXPECTED TIME OF MARATHON

T-SHIRT SIZE

I declare to have read and understood the completely rules and I accept everything and also any changes that the organization will apport in any moment for the protection and the health of the athletes and/or others.

SIGNATURE

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Entry fees look **FEE ENTRANCE 1° MARCO OLMO DESERT TRAINING.**

ATTACHED: - copy of medical certificate

- copying fee

- copying trip/personal medical insurance

TO SEND TO: info@marcoolmodesertraining.it

BANK PAYABLE TO:

ASD W.W.P.ORGANIZATION

Banca Alpi Marittime Agenzia di Cuneo

IBAN: IT33T0845010200000170116596

BIC: ICRAITRRCIO

REASON: REGISTRATION MARCO OLMO DESERT TRAINING 2016