



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

REGISTRATION FORM

3° MARCO OLMO DESERT TRAINING – 04 – 12/March/2018

NAME AND SURNAMESEX.....

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

ADRESS.....CITY.....

COUNTRY.....PHONE NUMBER

YOUR EMAIL.....

Emergency phone number while you'll be in Morocco.....

T-SHIRT SIZE.....

RUNNER NORDIC WALKER

I declare that I have read and understood all the rules and I accept it in full with all the changes that the organization decides to make at any time for the protection and health of runners and / or third parties.

SIGNATURE.....

.....li,.....

Infoline and send to: info@marcoolmodeserttraining.it

Bank details:

ASD W.W.P.ORGANIZATION

Banca Alpi Marittime Agenzia di Cuneo

IBAN: IT33T0845010200000170116596

BIC: ICRAITRRCIO

CAUSATION TRANSER: INSCRIPTIONS DESERT TRAINING 2018 RUNNING CAMP.