

VIII° G.F. Colli del Chianti

8 June 2025

Registration form (individual)

Surname _____ Name _____

Address _____ Country _____

Telephone Number _____ Date of birth _____

e-mail _____

Society _____ Card N° _____

Society code/number _____

Please select the relevant body by placing an X in the box

UISP () FCI () UDACE () OTHER ()

Please select the course you would like to undertake

Cycloturism () Mediofondo () Granfondo ()

The participant declares that he or she is in possession of a medical certificate as stipulated by D.M. 18-02-82, and in completing this registration consents to the processing of his or her data according to Article 13 of D.Lgs. 196/03.

Signature

Please send this form, fully-completed, send to info@cdrbiketeam.it together with the confirmation of payment.