

# ENTRY FORM

## HALF MARATHON - wheelchair



START NUMBER:

*(To be entered by the organisers:)*

Please fill out the form legibly in BLOCK CAPITALS.  
*(Fields marked with \* must be filled out.)*

### PARTICIPANT'S PERSONAL DATA:

\*NAME: .....

\*DATE OF BIRTH: ..... \*GENDER:  FEMALE  MASCULINE

NATIONALITY: .....

\*ADRESS: .....

ADRESS FOR INVOICE: .....

MOBILE PHONE NUMBER: .....

\*E-MAIL ADDRESS: .....

SPURI CARD NUMBER: .....

SPORT CLUB: .....

\*SIZE OF T-SHIRT:  XS  S  M  L  XL  XXL *(Tick the right size.)*

Probably I'll be there for the **PASTA PARTY** on Saturday evening:  
 Yes  I do not know  I'm sorry, definitely not

By filling out and signing the entry form I accept the rules of the race and the authority of the jury. I hereby declare that I am entering the race on my own responsibility and that my physical condition conforms to the conditions for participation in the race. I shall inform the doctor in charge of the race about my illnesses, and in case he/she considers it necessary, I shall accept being examined by him/her. I also accept the fact that anyone running without a start number or with a start number that is invisible or hidden shall be disqualified from the race. Leaving the course or taking shortcuts shall also be sanctioned by disqualification from the race. I shall not raise demand and shall not claim damages in the case of any injury.

.....  
Signature