

ENTRY FORM

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