



## CLUB REGISTRATION FORM

The present form must be complete in its entirety and sent by fax to **0541830168** or by e-mail to **info@granfondosquali.it** together with a **copy of the membership cards** and a **copy of the bank transfer** to be made to **IBAN: IT 36 L 08995 67753 000000012498 payable to "Velo Club Cattolica ASD"** with the reason for payment "Registration Granfondo Squali 2023" and the Club name.

Registration fee and Payment					
Registration fee All listed members must pay the same fee. In case of different fees, a cumulative form must be filled out for each fee. Registration shall be deemed valid upon payment of the registration fee.	<input type="checkbox"/> € 54,00				
Hotel Enter the name of the hotel where you have a reservation	<input type="checkbox"/> Hotel Special Price: € 39,00 Hotel Name _____				
Payment	Total € _____ paid on _____				
Club information					
Organization	<input type="checkbox"/> Fci <input type="checkbox"/> Acsi <input type="checkbox"/> Uisp <input type="checkbox"/> Altro _____				
Club code	_____				
Club Name	_____				
Registration clerk	_____				
Telephone / Mobile	_____				
E-mail	_____				
Registration list					
N°	Surname Name	Birth Date	Sex	Membership card n°	Category
1			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> AG <input type="checkbox"/> CT
2			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> AG <input type="checkbox"/> CT
3			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> AG <input type="checkbox"/> CT
4			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> AG <input type="checkbox"/> CT
5			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> AG <input type="checkbox"/> CT
6			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> AG <input type="checkbox"/> CT
7			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> AG <input type="checkbox"/> CT
8			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> AG <input type="checkbox"/> CT
9			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> AG <input type="checkbox"/> CT
10			<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> AG <input type="checkbox"/> CT

I declare that the information I have given is accurate and that I will participate in the above event only if I am in a good state of health to endure a race of intense and prolonged physical effort and that I comply with the requirements of the Regulations, which I accept in all its parts. I take full responsibility for all events arising directly or indirectly resulting from my participation in the event. In this regard, I fully release the Organizer, Entities and persons involved in the event in any capacity from their responsibility. I also authorize Winning time and the Organizer to keep, use and disclose my data to the other entities/companies involved in the event in accordance with the laws in force regarding the processing of personal data (Law No. 196/2003).

Date \_\_\_\_\_

Signature \_\_\_\_\_