



VII GRANFONDO DEL GALLONERO

SEPTEMBER 22, 2019

REGISTRATION FORM FOR GROUPS ONLY FOR TEAMS

Please fill in the form in block letters, attach proof of payment (single deposit)
and send to pedale39@gmail.com or **WhatAapp +39 335261266**

Team/club*	Team/club code*	License issuer*
First and last name of team representative*	Email*	Mobile number*

First and last name of rider 1*	Sex*	Date of birth*	License number*
	M F		
Address	Postal code	City	Prov./state Country
Mobile number*	Email*		
Size*			
XS S M L XL 2XL 3XL			

First and last name of rider 2*	Sex*	Date of birth*	License number*
	M F		
Address	Postal code	City	Prov./state Country
Mobile number*	Email*		
Size*			
XS S M L XL 2XL 3XL			

First and last name of rider 3*	Sex*	Date of birth*	License number*
	M F		
Address	Postal code	City	Prov./state Country
Mobile number*	Email*		
Size*			
XS S M L XL 2XL 3XL			

First and last name of rider 4*	Sex*	Date of birth*	License number*
	M F		
Address	Postal code	City	Prov./state Country
Mobile number*	Email*		
Size*			
XS S M L XL 2XL 3XL			

First and last name of rider 5*	Sex*	Date of birth*	License number*
	M F		
Address	Postal code	City	Prov./state Country
Mobile number*	Email*		
Size*			
XS S M L XL 2XL 3XL			

First and last name of rider 6*			Sex*		Date of birth*		License number*			
			M	F						
Address				Postal code		City		Prov./state		Country
Mobile number*				Email*						
Size*										
XS	S	M	L	XL	2XL	3XL				

First and last name of rider 7*			Sex*		Date of birth*		License number*			
			M	F						
Address				Postal code		City		Prov./state		Country
Mobile number*				Email*						
Size*										
XS	S	M	L	XL	2XL	3XL				

First and last name of rider 8*			Sex*		Date of birth*		License number*			
			M	F						
Address				Postal code		City		Prov./state		Country
Mobile number*				Email*						
Size*										
XS	S	M	L	XL	2XL	3XL				

First and last name of rider 9*			Sex*		Date of birth*		License number*			
			M	F						
Address				Postal code		City		Prov./state		Country
Mobile number*				Email*						
Size*										
XS	S	M	L	XL	2XL	3XL				

First and last name of rider 10*			Sex*		Date of birth*		License number*			
			M	F						
Address				Postal code		City		Prov./state		Country
Mobile number*				Email*						
Size*										
XS	S	M	L	XL	2XL	3XL				

<input type="checkbox"/> Registration from 11/19/2018 to 12/6/2018 - € 35 <i>(only 300 race-numbers are available)</i>	Bank transfer IBAN IT43Y0623013800000040412840 BIC code CRPPIT2P155 Payable to: S.T.S. Reason: GF Gallo Nero 2019 + team and team representative full name
<input type="checkbox"/> Registration from 12/7/2018 to 3/31/2019 - € 40	
<input type="checkbox"/> Registration from 4/1/2019 to 9/16/2019 - € 50	

Date _____ Signature of team representative _____

By signing this form, the team representative declares on behalf of each rider:

- that he or she has read the rules and accepts them in their entirety
- that the information provided is true
- that he or she assumes all responsibility for any occurrence directly or indirectly resulting from his or her participation in the event, thus releasing the organizer from liability
- that he or she consents to the processing of personal data by the organizer in relation to the organization of the event
- that he or she consents to the use of photographs, video images and recordings of his or her participation in the event for any legitimate purpose, including advertising