

# APPLICATION FORM 36° GIRO DELLE DOLOMITI 29/07 – 4/08/2012

Fill in this form in block letters and send to:

**A.S. GIRO DELLE DOLOMITI c/o USSA** – Via Vittorio Veneto 5 – 39100 BOLZANO

Phone +39 0471 272089 – Fax + 39 0471 270443 - Internet [www.girodolomiti.com](http://www.girodolomiti.com) e-mail [girodol@girodolomiti.com](mailto:girodol@girodolomiti.com)

ASSOCIATION ..... COUNTRY .....  
 STREET ..... CITY, REGION ..... POSTCODE .....  
 PHONE ..... FAX ..... DISTANCE ASSOC. SEAT. KM .....  
 FEDERATION ..... ASSOCIATION CODE .....  
 E-MAIL .....

The undersigned, in compliance with the law 31/12/1996 n.675 (regarding the tutelage of persons concerning the treatment of personal data), allows you to use his personal data for the purposes concernig your activity. He acknowledges moreover that the treatment of data will be done through tools suitable to assure security and secrecy and also suitable to record, to manage and to transmit data.

1	SURNAME AND NAME .....	BIRTH DATE .....		CHIP CODE			
	STREET.....	M	F		-		
	CITY, REGION.....	AMATEUR TOURIST		GILET SIZE		LICENCE NR. (enclose photocopy)	
	P.CODE ..... COUNTRY..... PHONE..... E-MAIL .....						
2	SURNAME AND NAME .....	BIRTH DATE .....		CHIP CODE			
	STREET.....	M	F		-		
	CITY, REGION.....	AMATEUR TOURIST		GILET SIZE		LICENCE NR. (enclose photocopy)	
	P.CODE ..... COUNTRY..... PHONE..... E-MAIL .....						
3	SURNAME AND NAME .....	BIRTH DATE .....		CHIP CODE			
	STREET.....	M	F		-		
	CITY, REGION.....	AMATEUR TOURIST		GILET SIZE		LICENCE NR. (enclose photocopy)	
	P.CODE ..... COUNTRY..... PHONE..... E-MAIL .....						
4	SURNAME AND NAME .....	BIRTH DATE .....		CHIP CODE			
	STREET.....	M	F		-		
	CITY, REGION.....	AMATEUR TOURIST		GILET SIZE		LICENCE NR. (enclose photocopy)	
	P.CODE ..... COUNTRY..... PHONE..... E-MAIL .....						
5	SURNAME AND NAME .....	BIRTH DATE .....		CHIP CODE			
	STREET.....	M	F		-		
	CITY, REGION.....	AMATEUR TOURIST		GILET SIZE		LICENCE NR. (enclose photocopy)	
	P.CODE ..... COUNTRY..... PHONE..... E-MAIL .....						

Complete Giro     Short Giro     Single stages (specify the dates) .....

The undersigned declares to be in a good state of health, to be in possession of a health certificate for cycling practice (amateur or tourist), to have read the program and to be aware of it, of routes with corresponding altimetry and to agree to the regulations.

Signature \_\_\_\_\_

**DATE  
PAYMENT**  
enclose photocopy  
of bank trasfer

Subscribing the form, the President declares that the registered members are in a good state of health, are in possession of regular licence and are aware of the regulations.

**FOR COLLECTIVE ENTRY:**  
Signature of the President of the Association

Date .....

CASSA DI  
RISPARMIO  
IT 98 T 06045 11600  
000 00 5001882

**NOTE for CHIP:** If you don't have it, you can hire one directly at the competition. **No chip, no time!!**

*THE CHIP IS PERSONAL AND NOT-TRANSFERABLE.*

Information service Championchip e-mail [infochip@championchip.it](mailto:infochip@championchip.it) – Phone +39 0521/304061