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|--|--|------------------------------------|-------------|
|  |  | For Moto Club Sardegna only | |
| | | Foto (2) | n° Dossier |
| | | Scheda medica | Cauzione |
| | | Curriculum | Ricevuta il |
| | | Rooming List | N° di Gara |
| | | Pagamenti | Ricevuto il |
| | | Ricevuta | del |

PILOT ENTRY FORM

| | | | |
|-------------------------|--------------------|---|--------|
| Family name | | Name | |
| Address | N° | Post Code | City |
| Country | Nationality | Blood Group | |
| Date and place of birth | | | Sex |
| Tel. N° (private) | Tel. N° (office) | | Mobile |
| Fax | E-mail | | |
| Job | Driving Licence N° | Date and place of issue | |
| Licence N° | FMN: | Fiscal Code | |
| Moto Club | FMN Card N° | T-shirt size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL | |

TEAM

| | | | | |
|-----------|---------------|---------|---------|----|
| Name: | | Address | | N° |
| Post Code | City | State | Country | |
| Tel. N° | Mobile | | Fax | |
| E-mail | Licence 08 N° | Vat | F.C. | |

MOTO QUAD

| | | |
|-------------|-----------------|---------------|
| Make | Model | Displacement |
| Plate | Owner | N° Chassis |
| N° of motor | Registration n° | |
| Insurance | N° of policy | Date of issue |

| | |
|-------------------------------|-----------------|
| CLASSES | CATEGORY |
| Italian Championship: | |
| European Championship: | |

IN CASE OF EMERGENCY PLEASE CONTACT

| | | |
|----------------------|-------------|------------------|
| Assistance | Name | Telephone |
| Person Family | Name | Telephone |

ENTRY FEE PILOT

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|---|---------|
| <input type="checkbox"/> ENTRY FEE PER PERSON (before 15/09/2009) | €400,00 |
|---|---------|

You need to make the payment by money transfer to: A.s.d. Moto Club Sardegna
Bank: Banca di Credito Sardo - via Paoli 31 - Cagliari Italy - IBAN : IT 14 F030 5904 8171 0000 0006 218 - BIC: BCITIT3C
RECEIPT: A.s.d. Moto Club Sardegna, will issue only one receipt headed to the name and address of the paying. In any case we will issue receipts to the names of other people or society.

AFTER FULL PAYMENT GIVE RECEIPT TO (COMPULSORY FIELD):

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THE FOLLOWING FORM WOULD BE RETURNED TO THE MOTO CLUB SARDEGNA. YOU NEED TO FILL IN ALL ITS PARTS, TO SIGN THE FORM AND ATTACH THE FOLLOWING DOCUMENTS: **RECEIPT OF PAYMENT (it's required to dispatch a copy of the bank transfer by fax with the number of the operation C.R.O.) MEDICAL FORM, PHOTO, YOU ALSO HAVE TO SEND: CURRICULUM + PHOTO by mail to: info@rallydisardegna.org**

I declare that the present form is correct. However, I declare to know the regulations of the race and to accept the conditions without reserve. I raise in advance the organizers for any responsibility civil and or penal in case of bodily or material accident.
 We express, our full consent, in compliance with the provisions of Law 196/ 2003, about disposals for the protective measures of people and other subjects, for what concern the treatment of the personal datas. They could be used for the performance of the contract requested by the law.

DATE: _____, ____/____/____

SIGNATURE _____