

**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	State
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

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
 Banco di Sardegna Ag. n° 12 - Cagliari - Italy - Code IBAM: IT 98 I 01015 04812 000070066118 - Code SWIFT: SARDIT3SXXX

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):

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 _____