

APPLICATION FOR MISSED PARTICIPATION

TO BE FILLED IN AND SENT VIA EMAIL TO: info@proseccocycling.it

TO BE ATTACHED: RECEIPT OF PAYMENT OF THE REGISTRATION FEE

The undersigned Name: _____ Surname: _____

Born in: _____ Date of birth: _____
(dd / mm / yyyy)

CONSIDERING THAT

He/she submitted his/her application for admission to Prosecco Cycling 2018 on: _____ (dd / mm / yyyy) (please specify the date) and read and accepted the Regulation of the event

DECLARES

that he/she could not attend the above mentioned event for health reasons as per medical certificate and therefore

REQUESTS

the reimbursement of 100% of the fee paid pursuant to the Regulation of Prosecco Cycling 2018

OR DECLARES

that he/she could not attend the above mentioned event because of rejection of his/her application for admission and therefore

REQUESTS

the total reimbursement of the participation fee

OR STATES

that he/she was not allowed to participate because he/she arrived after the scheduled time for the call pursuant to art. 7 paragraph 5 of the Regulations and therefore

REQUESTS

exclusively the collection of the race package.

REQUIRED DATA FOR THE ONLY CASE OF REIMBURSEMENT

CURRENT ACCOUNT HOLDER: _____

BANK: _____

BRANCH: _____

IBAN: _____

BIC: _____

Delegating party (full signature): _____

Date: _____