

APPLICATION FOR MISSED PARTECIPATION

TO BE FILLED IN AND SENT BY EMAIL TO: info@proseccocycling.it
ATTACHMENT: RECEIPT OF PAYMENT OF THE REGISTRATION FEE

The undersigned Name: _____ Surname: _____

Born in: _____ Date of birth: _____

WHEREAS

he/she submitted an application for admission to Prosecco Cycling 2024 on: _____
(please specify the date) and read and accepted the Regulation of the Event,

DECLARES

not being able to participate in the Event for health reasons as per attached medical certificate and therefore

ASKS

pursuant to article 3 paragraph 4 of the Regulation, the reimbursement of the amount paid minus **€ 15,00**
for secretary costs and bank charges

OR DECLARES

not having been able to participate followin the non-acceptance of the admission application

ASKS

therefore the refund of **100%** of the amount paid.

REQUIRED DATA FOR REFUND

HOLDER OF THE BANK ACCOUNT

BANK: _____

BRANCH: _____

IBAN: _____

BIC: _____

Place and date: _____

FULL SIGNATURE of **applicant**: _____