

APPLICATION FOR REPLACEMENT WITH ANOTHER PARTICIPANT

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 his/her application for admission to Prosecco Cycling 2024 on: _____
(please specify the date) and read and accepted the Regulation of the event,

DECLARES

to have paid the registration fee on: _____
(please specify the date) but now he/she cannot participate in the Event, and therefore,

REQUESTS

pursuant to article 3, paragraphs 9 and 10 of the Regulation, to be replaced and indicates the following person as beneficiary of the payment:

Name: _____ Surname: _____

Born in: _____ Date of birth: _____

and to this end he/she attaches the receipt of the payment still made for participation in Prosecco Cycling 2024. Only after receiving confirmation from the Organizer will it be possible to pay the fee of € 15,00 for secretarial costs indicating in the object of the transfer the following: **"Replacing XX with YY"**.

Best Regards.

Place and Date: _____

FULL SIGNATURE of the **replaced participant**: _____