

APPLICATION FORM FOR REPLACEMENT WITH OTHER PARTICIPANT

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 paid the registration fee on: _____ (dd / mm / yyyy) (please specify the date) but cannot attend the event, and therefore,

REQUESTS

PURSUANT TO THE FORMER ART.3 PAR. 9, 10 e 11 OF THE REGULATION to be replaced indicating the following person as beneficiary of the payment:

Name: _____ Surname: _____

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

who attaches, for this reason, his/her own application for admission together with the receipt of payment already made for the participation to Prosecco Cycling 2018, as well as the receipt of payment (i.e. receipt of bank transfer) of **€ 10,00** for secretary charges paid to the current account of Prosecco Cycling (pursuant to Article 3, paragraph 9, of the Regulation).

Yours sincerely,

The candidate (full signature): _____

Date: _____