FORM FOR DELEGATION DELIVERY OF THE PARTICIPATION KIT

The underwriter (delegating)_____

born _____date oh birth

_____ resident in _____ POSTAL

COSE _____ town/Land _____

Prov._____ _____ document (passport or ID)

_____n. _____released by_____date

_____

DELEGATES

Mr./Mrs.(delegated)_____ as

_____ born in

_____date of birth

_____ resident in

_____POSTAL CODE _____ town

_____ Prov. _____ to collect the

Participation Kit and anything else relating to the Duomo-Stelvio event on their own.

The delegator _____ _____
(date) (signature)

I attach:

Original signed registration form/release letter, copy of the medical certificate to practice competitive cycling sport, original signed ethic statement (Annex), copy of a valid identity document of the delegator