



Roma By Night Run Friday August 25, 2017

CHOOSE YOUR RACE:

- Half Marathon
- 7 Km Stracittadina (competitive race)
- 7 km Fit Run (not competitive race)
(Running, Nordic, Fit w. and walkers)

Forhans Team IBAN: IT 33H0881203200000000080012

(Bank transfer reason: ATHLETE NAME and SURNAME, SELECTED RACE – see the list and sign the selected race).

The registration form, the receipt of payment and the required documents* will be send before 8 p.m., 22 August, 2017 at enrollment@forhansteam.it

Surname	
Name	
Sex (M/F)	
Born in/on	
Sport team	
Address	
Post code	
City/Prov.	
Telephone	
E. mail	

*** TO KNOW WHAT ARE THE DOCUMENTS REQUIRED TO BE ATTACHED TO THIS APPLICATION, PLEASE SEE THE "REGULATION ROME BY NIGHT RUN 2017"**

The undersigned declares to know and accept the regulation of the event **Roma By Night Run**. Declares also, under its own responsibility, that the declared data are true (Law 197/1997).

According to D. L.vo 196/2003, I agree to consent the treatment of my data submitted and its diffusion to form the starting list and the official ranks, also in internet.

DATE _____

Signature _____