PISTOIABETONE ULTRAMARATHON 50km
REGISTRATION FORM – 43rd edition – June 24th 2018

Tel/Fax +39.0573.34761
info@pistoia-abetone.net
www.pistoia-abetone.net

Surname	Name	Date of birth	Sex
			M F

Address	Town	Postcode	Prov/State

E-mail	Telephon	Nationality

Sport team	Team code

Sport card:
- ☐ FIDAL
- ☐ RUNCARD / RUNCARD-EPS
- ☐ ……

Sport card no.

Medical certificate:
- ☐ Competitive

Finish line / Race fee

	until April 30, 2018	until May 31, 2018	until June 16, 2018
☐ Abetone (km 50)	€ 37,00	€ 47,00	€ 62,00
☐ San Marcello (km 29.5)	€ 22,00	€ 27,00	€ 32,00

Non-competitive routes:

	until June 22, 2018
☐ Free Walking S.Marcello - Abetone (km 20)	€ 13,00

- ☐ IUTA sport card (Ascent Running Italian Champioship)
- ☐ AVIS blood donor (National Champioship)

Promotions:
- ☐ Registered in the "50 km di Romagna 2018" (€ 5 refund at bib number withdrawal)

- ☐ € 10,00 free contibution for downloading 10 fotos of the race.
  Photo service by the NPO «Regalami un sorriso» *www.pierogiacomelli.com*.

Method of payment (address to: ASCD "Silvano Fedi", via dello Stadio 3/B, Pistoia):
- ☐ Bank transfer: BNL Filiale di Pistoia - IBAN: IT47B0100513800000000000806

Best time in the marathon _____

I declare to know and accept the rules of 43rd Pistoia-Abetone Ultramarathon of 24th June 2018 (published on www.pistoia-abetone.net). I declare to be in possession of suitable medical certificate in compliance with D.M. 18/2/82, 28/2/83, 24/4/13. I also declare, under my personal responsibility, for saying the truth (art.2 Law 4/1/68 No. 15 as amended by article 3, paragraph 10 Law 15/5/97 n.127) and raise organizers from any criminal or civil liability for damages to persons and / or property caused by me or by me suffered. According to D.lgs. 196 of 30/6/2003 (Code relating to the protection of personal data) I give my consent to the use of my personal data for purposes related or instrumental to the organization of the race and to form the historical archive of the race.

Attach copy of the sport card and medical certificate and receipt of payment.

Date _____ Signature _____