PISTOIABETONE ULTRAMARATHON 50km REGISTRATION FORM – 48th edition – June 29th 2025

Tel. 389.6452997 / Fax 0573.34761 info@pistoia-abetone.net www.pistoia-abetone.net

Surname	Name		Date	of birth	Sex M F
Address	Town		Posto	code	Prov/State
E-mail	Phone		Natio	onality	
Sport club			Club	code	
Sport card: Medical cetrificate: FIDAL (50km Italian Champioship) RUNCARD / RUNCARD EPS Sport card no. Sport card no.		Finish line / Ragistration fee Abetone (km 50) San Marcello (km 30) Non-competitive walks: Free Walking San M	until April 30, 2025 € 50,00 € 25,00 arcello - Abet	until May 31, 2025 € 60,00 € 30,00	until June 22, 2025 € 70,00 € 35,00 until June 27, 2025 € 15,00
IUTA card (IUTA 50km uphill running Italian Championship)		 € 10,00 free contibution for downloading up to 50 fotos of the race. Photo service by the NPO «Regalami un sorriso» www.regalamiunsorriso.it € 5.00 (per person) bus reservation leaving 5:00am from Abetone Reserved seats: 			
Promotions: Registered in the "50 km di Romagna 2025" (€ 5 refund at bib number withdrawal)		Payment by Bank Transfer (payee: ASCD "Silvano Fedi" Pistoia) IBAN: IT27C086731380200000610981 – SWIFT: ICRAITRRIP0 (Chianti Banca)			
I declare to know and accept the rules of 48 th Pistoia-Abetone Ultramarathon of 29 th June 2025 (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 acknowledge that the route is open to traffic and that it is mandatory to respect the highway code. 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.					

Date

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

Signature