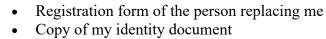
SUBSTITUTION REQUEST FORM

I, the undersignedborn on/
o Registered Athlete (with license) o Unregistered Athlete (I have paid / I have not paid the daily license fee)
LUEDEDV DEGLIECT
As provided by the regulations, to proceed with my replacement with the athlete whose registration form is attached.
Signature
Date,
Attachments:







REGISTRATION FORM Granfondo LIVIGNO Alé

Saturday, June 28th, 2025

10€ if requesting a DAILY LICENSE

Bank transfer: IBAN

IT54 B051 1653 9900 0000 0003 300

Account holder CYCLING BRIXIA TEAM

FIRST NAME and LAST NAME:			
DATE OF BIRTH: _		SEX:	
LICENSE NO	CLUB	CLUB CODE	
FEDERATION	CLUB NAME_		
DAILY LICENSE: certificate)	YES - NO	(if YES, please also attach a medical	
RESIDENT at (Adre	ss)	CITY	
PROVINCE _	POSTCODE PHONE.		
E-MAIL			
have read and fully accept the event in the importance of arriving at the event I authorize ASD Birkio Cycling Team to Information on the collection, purpose policy downloadable from the website Having carefully read the attached primal give consent I do not give consent I do not give consent I do not give consent I do not give consent I give consent I give consent I do not give consent I give consent I give consent I do not give consent I give consent give consent give consent give consent	egulations. I acknowledge that participating in the properly trained. I accept the risks of falls, contact use photographs, videos, and recordings depictings, and methods of personal data processing, as we under the section: Privacy Information. Evacy policy: ent to the processing of my personal data for the not to the processing of my special category data for the tothe communication of my personal data for each to the communication of my personal data to resent to the communication of my personal data to registration, daily licensing, and in general for participations.		
Date	Sign	ature	

