

**FORMAT FOR PROXY DELIVERY OF TECHNIQUE ENVELOPE AND RACE PACK**

**TO FILL IN AND SEND BY FAX TO N.+390532.247602 OR SEND BY EMAIL AT iscrizioni@granfondodelpo.it**

Name / Surname

born in \_\_\_\_\_ on \_\_\_\_\_

resident in \_\_\_\_\_ p.code \_\_\_\_\_

city \_\_\_\_\_

identity document n.

issued by \_\_\_\_\_ il \_\_\_\_\_ on \_\_\_\_\_

**DELEGATE**

Name/Surname \_\_\_\_\_

as \_\_\_\_\_

born in \_\_\_\_\_ on \_\_\_\_\_

resident in \_\_\_\_\_

city \_\_\_\_\_

to withdraw on their own technical envelope and the race pack.

Delegator

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(Signature)

Allego:

Tesserati: copia della tessera, documento d'identità,

Non Tesserati: documento d'identità, copia del certificato d'idoneità alla pratica sportiva agonistica del ciclismo e dichiarazione etica firmata in originale