

REQUEST FORM FOR THE PARTICIPATION OF MASTER ATHLETE IN EVENT IN ITALY

(please use block capitals and mark what is appropriate)

Surname				Name	
Date of Birth				Birth place	
Age M		Age W		Nationality	
Membership Federation				Country	
Membership Club				Membership card number	
Date of the event in Italy				Host City	
Name of the event				Competition 1	
Competition 2				Competition 3	

I hereby certify that all the information given is accurate and I declare that I agree to compete in the above event out of competition

Date _____

Signature _____

PERMISSION OF THE FOREIGN FEDERATION

It is certified that the above athlete is regularly registered with this Federation and has a valid member card that expires on ____/____/2024 (mm/dd/yyyy).

Signature and stamp _____

THE FOLLOWING MUST BE ENCLOSED WITH THIS APPLICATION:

- Copy of the identity card
- Copy of a valid membership card

To be sent to the following email addresses: internationaldept@fidal.it and organizzazione@fidal.it