

ENTRY FORM

FIRST NAME: _____

FAMILY NAME: _____

NATIONALITY: _____

MALE FEMALE

DATE OF BIRTH: DAY _____ MONTH _____ YEAR _____

AGE AS OF MAY 16, 2010 _____ YELLOW CHIP N. _____

CLUB: _____

STREET: _____

CITY CODE: _____

CITY: _____

COUNTRY: _____

TELEPHONE: _____ MOBILE: _____

E-MAIL: _____

ENTRY FEE: 38 €

ENTRY ADDRESS:

Participants must send the entry form and entry fee to their national veterans athletics association. The entries must be accompanied by a copy of the entrant's birth certification or of his/her identify card as evidence for the date of birth.

DEADLINE FOR ENTRIES: Thursday 01/04/2010

DECLARATION / DISCLAIMER

By signing this Entry Form, I declare that to the best of my knowledge and belief that I am in good health and that there are no objection against my participation in European Masters Mountain Running Championships 2010 on medical reasons. I relieve the EVAA and the local organizers of EVAACMR 2010 and/or third parties acting on their behalf of any responsibility with regard to any accident, injury, loss, or damage to myself or to my property, which may be sustained during or in connection with EVAACMR 2010. I also give my consent to be subject to drug testing at EVAACMR2010, should I be selected to do so.

DATE: _____

SIGNATURE: _____

AJUNTAMENT DE CERDANYOLA DEL VALLÈS
IBAN ES79 0081 0002 4900 0136 0037
BIC BSABESBB