**VENETO ADVENTURE RACE 2022 – VAR2022**

**REGISTRATION**

To proceed with registration you must:

* fill in all of its parts the following registration form;
* attach a copy of the medical certificates valid on the day of the race (if you do not have them, you can still register but you must send it to us by email before the day of the race)
* attach a copy of the bank transfer
* send everything to **erebusvicenza.var@gmail.com**

**REGISTRATION FEES:**

**- € 30.00 per person, until August, 30 2022 (cat. Elite e Mix Elite)**

**- € 45.00 per person, from September 1 to October 2022 (cat. Elite e Mix Elite)**

**HOW MUCH DO YOU HAVE TO PAY:**

N. 2 competitors X € 30.00 = **€ 60.00, until August, 30 2022**

N. 2 competitors X € 45.00 = **€ 90.00, from September 1 to October 2022**

To participate, each member must be a FISO member.

Non-FISO members will receive a day pass at the price of € 5.00 to be added to the race fee (it is necessary to fill in a dedicated form).

Registration by bank transfer

**IBAN** IT49A0859088330000900028393 **BIC/SWIFT** CCRTIT2TBCV

**BANK** CENTROVENETO BASSANO BANCA - Branch of Arcugnano (VI)

**Heading** ASD EREBUS ORIENTATION VICENZA

Reason: Veneto Adventure Race 2021 registration (add team name)

**REGISTRATION FORM**

|  |  |
| --- | --- |
| Team name |       |
| Category | [ ]  Elite (man+man) [ ]  Mix Elite (man+woman, woman+woman) |
| Mobile number(to bring to the race) (\*) |       |

(\*) Attenzione, il cellulare viene usato per timbrare i passaggi sulle lanterne con un’apposita App (vedi regolamento) e per motivi tecnici deve essere con il sistema operativo Android. L’App non funziona su dispositivi Iphone (Apple)

**1st Member of the Team**

|  |  |
| --- | --- |
| Last name |       |
| First name |       |
| Date of birth(dd/mm/yyyy) |       | Birth place |       |
| Gender | [ ]  M [ ]  F | Fiscal Code |       |
| Email |       |
| Street address |       |
| Postal Code |       | City |       | Country |       |
| Are you already a FISO member? | [ ]  NO [ ]  YES, FISO card number |       |

**2nd Member of the Team**

|  |  |
| --- | --- |
| Last name |       |
| First name |       |
| Date of birth(dd/mm/yyyy) |       | Birth place |       |
| Gender | [ ]  M [ ]  F | Fiscal Code |       |
| Email |       |
| Street address |       |
| Postal Code |       | City |       | Country |       |
| Are you already a FISO member? | [ ]  NO [ ]  YES, FISO card number |       |

|  |
| --- |
| Other information you want to communicate |
|            |

By signing this registration form you accept the regulations without reservation, you also declare that you have the legal requirements to register, also you declare to be aware that the Organization does not assume any responsibility for the registration forms incorrectly compiled and incomplete.

By signing this registration form you agree to release the Organization from any liability.

All information and the rules of the race are available at the following address:

<https://www.fiso.it/gara/2022202>

If forms are sent with missing parts, even partially or with incorrect data, the Organization WILL NOT REFUND THE FEE PAID, KEEPING IT AS A REFUND OF MANAGEMENT EXPENSES.

Attached the following documents mandatory for race participation

* 1st team member medical certificate for competitive activity
* 2nd team member medical certificate for competitive activity
* Accountant of bank transfer

|  |  |
| --- | --- |
| Signature  |       |
| Place, date |       |