



**TROFEO SCACCABAROZZI - SENTIERO DELLE GRIGNE SKYMARATHON®
SKYRUNNER® WORLD SERIES – SEPTEMBER, 18, 2011**

ENTRY FORM

Name **Date of birth** (dd/mm/yy).....

Address **City**.....

ZIP/Area code **Country**

Tel/Fax **email**

CV /Race history: SkyMarathons® & 2010-2011 and skyrunning best results:

Race name:Date:Position:

Race name:Date:Position:

Race name:Date:Position:

Team, Federation or skyrunning membership card number:

Medical or insurance certificate: Yes No (This must be supplied at onsite registration).

I certify that I am medically fit to run at high altitude and waive the organizers and participants of any responsibility relative to the event. I further declare that I possess full knowledge of the course as set out in the programme. The organizers may use photos or film of entrants and the cession of the same to third parties.

Entrant's signatureDate

ENTRY FEE: € 45 (fortyfive euros) to reach us by August 31, 2011:

Info: FSA Service, via Mentegazzi 34, 13900 Biella, Italy

Fax +39 015 252 2941 - info@fsaservice.com

Bank transfer: FSA, Banca Sella - IBAN: IT 11 P 03268 22300 000878287800

Please, send copy of this entry form and copy of entry fee by **mail or email** to:

Race Office: GSA CAI Missaglia, c/o Bellavite, Via Primo Maggio 41°, 23873 Missaglia (LC), Italy
info@caimissaglia.it

