

 **COLNAGO**
CYCLING FESTIVAL

APPLICATION FOR REPLACEMENT WITH ANOTHER PARTICIPANT

TO BE FILLED IN AND SENT BY EMAIL TO:

info@granfondocolnagodesenzano.com

ATTACHMENT: receipt of payment of the registration fee, copy of medical certificate of the new participant

The undersigned name: surname:

Born in : Date of Birth

WHEREAS

He/his submitted his/her application for admission to Colnago Cycling Festival 2024 on And read and accepted the Regulation of the event;

REQUESTS

To have paid the registration fee of € on but now he/she cannot participate in the Event, and therefore,

ASKS

To be replaced in the participation to the Event

Mr Name..... Surname.....

Born in: Date of Birth.....

Expiry date medical certificate:

Place and Date.....

FULL SIGNATURE of the **replaced participant**