



## ACCREDITATION FORM

### *UCI Mountainbike Marathon World Championships*

#### *Auronzo di Cadore (Ita)*

*13th until 15th September 2018*

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Company | Position: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone number: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="radio"/> Sponsors         | <input type="radio"/> Technical            |
| <input type="radio"/> Guests - VIP     | <input type="radio"/> Team                 |
| <input type="radio"/> Staff CO - Sport | <input type="radio"/> UCI officials - CADF |
| <input type="radio"/> Service          | <input type="radio"/> _____                |

Taken note of the information

All accredited attendees are required to apply for and collect their accreditation cards.

All accredited people must personally collect their accreditation cards.

All accredited people are required to wear accreditation at all times.

Access will not be granted to the venues without accreditation.

Date \_\_\_\_\_

Signature \_\_\_\_\_