



A.S.D. CENTRO UNIVERSITARIO SPORTIVO - C.U.S. TRIESTE

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REGISTRATION FORM

50° Meeting of Athletics 2021 “C.U.S. Trieste – Trofei Colautti – Belladonna – Gherlani”

I (Name, Surname)	
As Legal Representative of	
Sport Club	
Address	
Country	
Phone number	
Email	
regularly affiliated to the Athletics Federation of its country affiliated to the I.A.A.F. (International Association of Athletics Federations)	
Declare myself fully responsible and acknowledge the consequences for falsely declaring that the following Athletes:	
(1) Name	
Surname	
Born in (city, country)	
on (dd/mm/yyyy)	
Address	
Phone number	
Email	
Tax code (if available)	
Races	
Measures for accreditation	
(2) Name	
Surname	
Born in (city, country)	
on (dd/mm/yyyy)	
Address	
Phone number	
Email	
Tax code (if available)	
Races	
Measures for accreditation	
(3) Name	
Surname	
Born in (city, country)	
on (dd/mm/yyyy)	
Address	
Phone number	
Email	
Tax code (if available)	
Races	
Measures for accreditation	
- are registered to the Athletics Federation of their country affiliated to the I.A.A.F.;	
- are in compliance with the Legislation on Health Protection in competitive sports, in force in the Country where they live.	
I authorize the aforesaid Athletes to participate in the Meeting di Atletica Leggera “C.U.S. Trieste – Trofei Colautti – Belladonna – Gherlani”.	

Date

Club stamp and Signature
Legal Representative