

BIB COLLECTION AUTHORIZATION FORM

The undersigned (delegating person) (Name, Surname) _____
born in _____ on ___ / ___ / _____
and registered for the race: _____

DELEGATES

(Name, Surname) _____
born in _____ on ___ / ___ / _____
with valid ID document n. _____ to collect on his/her behalf the race
pack and personal bib number.

Place and Date _____ Signature of Delegator _____