



TWELVE INCH EUROPEAN CUP 2023 ENTRY FORM

I UNDERSIGNED (PILOT NAME AND SURNAME) _____

TEL. _____ E-MAIL _____

CURRENT MOTORCYCLE BRAND: _____

I REQUEST REGISTRATION FOR THE TWELVE-INCH EUROPEAN CUP 2023

CLASS:

- | | |
|---|---|
| <input type="checkbox"/> PITBIKE 14CV UNDER | <input type="checkbox"/> PITBIKE 14CV OVER |
| <input type="checkbox"/> PITBIKE OPEN | <input type="checkbox"/> MINIGP 20CV |
| <input type="checkbox"/> MINIGP 14CV UNDER | <input type="checkbox"/> MINIGP 14CV OVER |
| <input type="checkbox"/> MINIMOTARD HRM FACTORY | <input type="checkbox"/> MINIMOTARD HONDA REDMOTO |

RACE N°.: 1ST OPTION: _____ 2ND OPTION: _____ 3RD OPTION: _____
(PLEASE INDICATE ALL 3 OPTIONS)

AT THE SAME TIME I PAY THE REGISTRATION FEE EURO 150.00 BECAUSE I AM ALREADY IN POSSESSION OF A AICS 2023 COMPETITIVE LICENSE (THERE IS NO REFUND OF THE REGISTRATION FEE EXCEPT FOR CANCELLATION OF THE EVENT)

OR

AT THE SAME TIME I PAY THE REGISTRATION FEE EURO 180.00 BECAUSE I AM NOT ALREADY IN POSSESSION OF A AICS 2023 COMPETITIVE LICENSE AND I REQUEST ITS ISSUE (LICENSE THAT WILL BE ISSUED ON 09/10/2023) (THERE IS NO REFUND OF THE REGISTRATION FEE EXCEPT FOR CANCELLATION OF THE EVENT)

TO COMPLETE THE REGISTRATION SEND THIS FORM BY EMAIL TO MULLYRACING@GMAIL.COM ALSO ATTACHING A COPY OF THE IDENTITY DOCUMENT, FOR PILOTS NOT IN POSSESSION OF A AICS COMPETITIVE LICENSE COPY OF THE VALID COMPETITIVE MEDICAL CERTIFICATE (FOR THE MINOR PILOT ALSO SEND COPIES OF THE DOCUMENT OF BOTH PARENTS) AND COPY OF THE TRANSFER TO BE MADE TO THE FOLLOWING IBAN:

IBAN: IT62 S030 6909 6061 0000 0156 788
BIC: BCITITMM
BANK: Intesa San Paolo spa
ACCOUNT HOLDER: Moto club dodici pollici a.s.d.

PLACE AND DATE

SIGNATURE