

**INDIVIDUAL REGISTRATION FORM BRA-BRA FENIX  
LANGHE MONFERRATO ROERO 025**

Fill in block letters, attach receipt of payment and send to:

**Indicate the 7-digit code of your CHIP:**

code card	company cod.
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year	company
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USABLE CHIPS: ONE-CHIP personal For those who do not have it, it is possible to rent the daily CHIP MYSDAM at the MYSDAM point on site.	ente
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**email: BRABRA.@EVODATA.IT**  
**TOGETHER WITH THE COPY OF THE BANK TRANSFER, THE COMPETITIVE MEDICAL EXAMINATION AND THE 2025 CARD**

surname	name
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sex M   F	date of birth / /	tax code	nationality
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address	n.civico
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città	postal code	prov	state
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mobile	email
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I ask for the inclusion in the merit grid for having achieved the following results in 2023:

Participant with pedal assisted bike (see event regulations)

**INVITATION REGISTRATION:** requests for registration to the event of those who have disqualifications or suspensions in progress in the field of doping will not be accepted. The acceptance of registrations (which is by invitation) is the right of the organizers who reserve the right to exercise it at their sole discretion. In case of refusal the fee will be fully refunded. The organization will refuse the registration of those who have suffered an official disqualification for doping for more than six months, for serious misconduct, or will exclude a member if it can cause damage to the image of the same.

Members of foreign organizations and nations must sign the ethical certification before the event.

**PARTICIPATION IN CYCLISTS IS NOT ALLOWED.**

**TG Jersey:**

XS	S	M	L	XL	XXL
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**bank transfer**

<b>IBAN:</b>	<b>IT 85 R 05387 46040 0000 38508313</b>
<b>Istituto:</b>	<b>BPER BANCA SPA</b>
<b>payable to:</b>	<b>A.S.D. Granfondo Bra-Bra ISCRIZIONE</b>
<b>causal:</b>	<b>BRABRA 2025</b>

I declare that I have carefully read the www.brabra.org website and approve the content of the Event Regulations and the related Privacy Policy.

**YES NO (required)**  
I consent to the processing of my data, including those contained in images and video footage, by the Organizer for marketing purposes related to the event (see Article 5, letter a) of the Privacy Policy;

**YES NO (required)**  
Having read the Privacy Policy, I authorize, free of charge, worldwide and without time limits, the Organizer to publish and disseminate my image taken in the context of the Event by any means and on any medium, for purposes of commercial exploitation connected with the promotion of the Event and other events organized by the Organizer, in any case in such a way as not to damage my reputation.

**YES NO (required)**  
I consent to the communication by the Organizer of my data to third parties for marketing purposes (see Article 5, letter b) of the Privacy Policy;

**YES NO (optional)**

BY SUBMITTING THIS FORM, THE COMPETITOR DECLARES TO BE IN POSSESSION OF THE VALID SPORTS MEDICAL EXAMINATION, EXEMPTING THE ORGANIZING COMPANY FROM ANY POSSIBLE LIABILITY

DATE:

SIGNATURE: