



GARDATRENTINOTRAIL

BIBS PICK UP – AUTHORIZATION

Date & Place, _____

The undersigned (name) _____
born in _____ (), birth date _____,
who is regularly enrolled to the race _____

AUTHORIZES

(name of the authorized person) _____
Born in _____ (), birth date _____,
to collect its own bib/race packet.

IMPORTANT! Bibs can be collected only if the authorizer has submitted the proper and correct necessary enrollment documents.

The authorizer

the authorized