Application form which have not been fully completed or are illegible, or not signed will not be handled.

Send form to: Moto Club Veteran "San Martino" - via Orvieto n.2 - 06132 San Martino in Colle (PG)
tel. 075.607223 fax 075.6070728 - www.milanotaranto.it - info@milanotaranto.it

PARTICIPANT

Storica ☐ **Sport** ☐ **Taster** ☐ **Le Gloriose** ☐
(to be filled in by the Organisation)

Surname …… Name ……

Street……Number…….City……

Code number……Province……Phone/Fax……

Birth place……Date of birth……Size T-shirt……

Club ……E-mail……

PASSENGER

Sidecar ☐ **Cyclecar** ☐ **Taster** ☐

SUPPORTER with car ☐

Surname …… Name ……

Street……Number…….City……

Code number……Province……Phone/Fax……

Birth place ……Date of birth……Size T-shirt……

Club ……E-mail……

MOTORCYCLE ☐ **SCOOTER** ☐ **SIDECAR** ☐ **CYCLECAR** ☐

Make……Model……Cylinder capacity ……

Chassis number ……(not obbligatory for the Tasters' class) Manufacture year……

ENTRANCE FEE (art. 15)

"Le Gloriose", "Storica" e "Sport" (Motorcycle)	€ 1.500,00	☐
"Le Gloriose", "Storica" e "Sport" (sidecar—cyclecar)	€ 2.300,00	☐
"Taster " (Motorcycle)	€ 1.600,00	☐
"Taster " (passenger)	€ 1.100,00	☐
Supporter with car	€ 900,00	☐

EXTRA charge (art. 15)

single room (only for the first 5 competitors that ask for it)	€ 270,00	☐
Transport 2nd and following piece(s) of luggage	€ 30,00	☐

IMPORTANT

Food allergies or intolerance

_____

_____

Please indicate who you would like to share the hotel room with (double or triple room)

_____

_____

I enclose: The amount of €.....(pre-registration fee):

☐ CASH

☐ CHEQUE

☐ I remit by bank: UBI - Banca Popolare di Ancona
Agenzia: PG S. Andrea delle Fratte
Sportello: San Martino in Campo (PG)
Intestato a: MOTO CLUB VETERAN "S.MARTINO"

BIC SWIFT: BLOPIT22

IBAN: IT93Z0530803001000000001588

Also included:

- ☐ n. 2 photographs of the motorvehicle
- ☐ n. 2 passport photographs of the participant
- ☐ n. 2 passport photographs of the passenger
- ☐ n. 2 passport photographs of the supporter
- ☐ photocopy of the drivers' driving licenses
- ☐ photocopy of the identity card pass./supp.
- ☐ medical good health certificate

Date……Signature……

The applicant hereby declares to have read and understood the "Regulations And Entry Conditions Milano-Taranto" and is familiar with Article 13 of the Italian law 675/96. The undersigned gives permission for use of his personal information.