

April 19th 2020



Entry Form
Paralympic race



PERSONAL DETAILS

Name		Surname	
Date of birth (DD/MM/YYYY)		Place of birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address		N.	Postal code
City	Country	State	Nationality
Telephone		Mobile	
E-mail		Job	

T-shirt size S M L XL

Best time last 2 years : :

REGISTRATION PARALYMPIC MARATHON

- € 25,00 BY APRIL 3rd, 2020
- WHEELCHAIR T33 T34 T51 T52 T53 T54
- VISUAL IMPAIR T11 T12 T13
- AMPUTEE T44 T46
- CP T37 T38
- DEAF

REGISTRATION PARALYMPIC HALF MARATHON

- € 15,00 BY APRIL 3rd, 2020
- VISUAL IMPAIR T11 T12 T13
- AMPUTEE T44 T46
- CP T37 T38
- DEAF

MEMBERSHIP

Sportclub	Sportclub code	Card number	Federation
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ADDITIONAL REQUESTS

- TRANSPORTATION**
- Send the request specifying your needs to: iscrizioni@padovamarathon.com

ATHLETE GUIDE FOR VISUAL IMPAIR

- YES NO

> **REGISTRATION IS FREE FOR THE ATHLETE'S GUIDE** for information write to: iscrizioni@padovamarathon.com

PAYMENT

- Cash
- Bank transfer - IBAN: IT77S 0103012103000001866601 - BIC: PASC IT MM XXX - Account holder: Assindustria Sport Padova SSDARL
> (PLEASE PUT THE NAMES OF ATHLETES ON THE PAYMENT DESCRIPTION)

FILL IN AND SEND WITH COPY OF PAYMENT AND PRIVACY POLICY TO:

E-mail: iscrizioni@padovamarathon.com

Fax: +39 049 7423045

Mail: Assindustria Sport Padova SSDARL - Via E. P. Masini 2 - 35131 Padova (PD), Italy

Date (DD/MM/YYYY) | | | | |

Athlete's signature _____
(I hereby declare to know and accept the complete rulebook of Padova Marathon 2020 as posted on www.padovamarathon.com)

DECLARATION OF CONSENT TO THE PROCESSING OF PERSONAL DATA

(Complete information on www.padovamarathon.com)

I hereby allow Assindustria to send me informative communications (e.g. newsletters) and promotional communications (via paper mail, email, SMS, MMS, etc.) regarding initiatives, events, products, and services of Assindustria

YES **NO**

I allow Assindustria to process data relating to my image using the means and for the purposes set out above and at the same time I hereby provide the waiver concerning the provisions of the discipline on copyright protection and abuse of the image of third parties.

YES **NO**

I hereby allow the disclosure of my personal data to companies, bodies, associations and, in general, to Assindustria's partners to testify their presence in support of Assindustria and in relation to the activities of bodies, companies, or subjects that in any case support Assindustria in the pursuit of its statutory purposes through commercial promotion, advertising and/or sponsorship as well as by organizing, managing, or sponsoring events, tournaments and sports events, authorizing for this purpose the use and dissemination of their own images in accordance with current copyright laws.

YES **NO**

Date (DD/MM/YYYY)

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Signature _____