



BRABRA BIKE EXPERIENCE LANGHE MONFERRATO ROERO
CYCLING 27-30 APRIL 2023
REGISTRATION FORM

I, the undersigned _____ born in _____ date _____
living in _____ () ZIP _____ address _____
phone _____ mob _____ e-mail _____

SPORTS CLUB: _____ reg. number _____
FCI Institution: _____ I am not a member, I attach a "competitive" medical certificate

ASKS

to be enrolled in the cultural cycling cycle-sport "BRA BRA BIKE EXPERIENCE LANGHE MONFERRATO ROERO" organized by "ASD GRANFONDO BRABRA" for its participants as:

cyclist _____ accompagnatore/trice _____ Roommate _____

REGISTRATION FEE

Ciclista: **420,00 €** Roommate: **250,00 €** Single supplement: **+100,00 €**
Cycling jersey size _____ Cycling BIB pants size _____ Indicative bike size _____

THE REGISTRATION FEE INCLUDES

- the full board formula in a double room hotel "Il Campanile", in Cherasco Fraz, Veglia including refreshment.
- Cycling jersey and BIB pants branded 30th Edition BRA BRA FENIX.
- Supplement kits (energy bars, water, gel, isotonic gels, mineral salts).
- T-shirt and ReAction branded bottle.
- Bike Academy performed by ReAction and guide folder for race management.
- Registration Fee to the Granfondo or Mediodondo BRA BRA FENIX.
- Purchase voucher of Eur 50,00 to be spent in Atlante and Atlante Ciclism shop.
- free transport on accompanying vehicles, cycling and logistics assistance.

Please note that the Bike Experience will take place with a minimum number of participants of no less than 10 participants: maximum number of 20 participants. Excluded the participation to the competitive event Granfondo and Mediodondo BRA BRA FENIX, to which the current regulation refers, during bike rides the participants will be considered in free excursion, therefore the organization assumes no responsibility for accidents and damage to the participants.

undertakes to pay: Prepayment: 300.00 € by 31 marzo 2023
Balance: 120.00 € (+ extra) by 27 aprile 2023

Bank detail: A.S.D. Granfondo Bra-Bra ISCRIZIONE "BRABRA Bike Experience" presso BPER Banca spa- Cassa di Risparmio di Bra iban: **IT 85 R 05387 46040 0000 38508313**

Date: _____ Signature: _____

Send to: info@brabra.org Attach: identity card and Sport Club Card (or "competitive" medical certificate if not members)