



CONEGLIANO · VALDOBBIADENE

PROSECCOCYCLING

APPLICATION FOR MISSED PARTECIPATION

TO BE FILLED IN AND SENT BY EMAIL TO: info@proseccocycling.it

ATTACHMENT: RECEIPT OF PAYMENT OF THE REGISTRATION FEE

The undersigned Name: _____ Surname: _____

Born in: _____ Date of birth: _____

WHEREAS

he/she submitted an application for admission to Prosecco Cycling 2025 on: _____
(please specify the date) and read and accepted the Regulation of the Event,

DECLARES

not being able to participate in the Event for health reasons as per attached medical certificate and therefore

ASKS

pursuant to article 3 paragraph 4 of the Regulation, the shift of the registration to Prosecco Cycling 2026.

PROSECCO CYCLING S.S.D A R.L.

telephone +39 0438 1450613 // wa.me +39 334 2211021 // info@proseccocycling.it