



dati \_\_\_\_\_ / \_\_\_\_\_ / 202\_\_\_\_\_

Price Race Half Marthon	<input type="checkbox"/> € 25 al 30/11/2025	<input type="checkbox"/> € 30 al 30/01/2026	<input type="checkbox"/> € 35 al 31/03/2026	<input type="checkbox"/> € 40 al 14/05/2026
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 **A.S.C.** Price Race 10 km. NON COMPETITIVE  € 10 Saturday until 16/05/2026

Race stroll 6.5 km. Non-Competitive	<input type="checkbox"/> € 5 anche all'EXPO' Saturday 16 Maggio 2026
Race walk 2.5 km. Non-Competitive	<input type="checkbox"/> € 3 anche all'EXPO' Saturday 16 Maggio 2026

#### Personal data

Name				
Surname				
Gender	<input type="checkbox"/> M	<input type="checkbox"/> F		
Date of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nationality				
Sport Team				
Athletic Sport Federation	Fidal/Runcard/Other	Number of Federation card		
Phone				
e-mail address (obligatory)				
signature				

In Italy, the rules for participating in the official races are as follows:

- a copy of the competitive sports medical certificate for athletics (medical visit, test of urines, electrocardiogram at rest and stress test, spirometry)
- the RUNCARD - <https://www.runcard.com>  
Instead of Runcard, if you are member of a regular athletic team please fill in the foreign athletic federation

**copy of payment and schedule must be sent to : run4funpe@gmail.com**

iban : IT02N3608105138234198934233  
intestato a : Csete Elvira

**if you need we have an agreement, if you send the reservation to us, with  
a hotel close to the departure and you can leave it at 1.30pm**

17/05/2026



## **DECLARATION**

**athlete licensed or registered for a Foreign Federation**

First Name, Last Name

born on (dd/mm/yyyy)

First Name, Last Name

Nationality

Gender (M/F)

Resident at (complete address)

### **declares that**

is registered for or licenced by the following Federation affiliated World Athletics

Federation name

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Club / Team (if applicable)

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Card number / code (if applicable)

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I hereby declare myself fully responsible for this declaration, acknowledging the legal consequences of a false statement

**DATE (DD/MM/YYYY)**

**SIGNATURE**

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