



FIRST NAME: _____

SURNAME: _____

BORN IN (CITY-STREET): _____

DATE: _____

RESIDENCE (CITY-STREET): _____

DOCUMENT NUMBER: _____

MAIL (OBLIGATORY): _____

PHONE: _____

WHATSAPP (OBLIGATORY): _____

DECLARES THAT I WANT TO REGISTER FOR THE ADRIATIC GREEN TRAIL AGT 2024 OF 4-5-6 APRIL 2025:

- ENTIRE EVENT REGISTRATION:** 3 DAYS 4-5-6 APRIL. FEE 60 EUROS (WITH TECHNICAL T-SHIRT)
- DAILY REGISTRATION:** FEE 25 EUROS PER DAY. TICK THE DAY
 - 4 APRIL
 - 5 APRIL
 - 6 APRIL

DECLARE THAT I HAVE READ THE AGT 2025 REGULATIONS: TO BE SIGNED ON THE DAY OF THE EVENT.

ATTACH ACCOUNTING PAYMENT TO BE CARRIED OUT BY BANK TRANSFER TO FANOCORRE

BIC /SWIFT ICRAITRREF0

IBAN IT28L0851924308000000002050

FILL IN AND RETURN TO THE MAIL ADDRESS info@adriaticgreentrail.it

SPECIFY AGT T-SHIRT SIZE (FULL REGISTRATION ONLY)

XS - S - M - L - XL - XXL

POSSIBLY PURCHASEABLE FOR 35 EUROS UNLESS STOCK

DATE _____

SIGNATURE _____

Web: www.adriaticgreentrail.it

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ig: <https://www.instagram.com/adriaticgreentrail/>