XXIII HALF MARATHON CIUDAD DE PALMA

22/03/2015 – 10.30 HOURS

INSCRIPTION SHEET

SURNAME	NAME

BIRTH DATE (dd/mm/yyyy)	SEX:				PASSPORT/ID-CARD
		M		F	

CLUB

ADDRESS, street, road, square,	Number

POSTAL CODE	TOWN, VILLAGE, etc.	COUNTRY

MOBILE-PHONE	FAX	E-MAIL

T-SHIRT (select size)	S	M	L	XL

Until 31/10/2014	01/11/2014-31/12/2014	01/01/2015-28/02/2015	01/03/2015–19/03/2015	AFTER INSCR. CLOSURE	
18 €	**20 €**	**23 €**	**25 €**	**30 €**	**€**

Own Chip Núm:							

Rental Chip 3 Euros	**€**
Purchase chip 20 Euros	**€**

TOTAL **€**

	DATE AND SIGNATURE
I declare myself physically and psiquically apt to participate in this event and I do understand and accept the competicion rules	

PAYMENT:

☐ With credit card (VISA, MASTERCARD, EUROCARD, 6000)

CARD NUMBER																EXP. DATE	SIGNATURE

☐ Bank transfer to: **CLUB MARATHON MALLORCA**:
GRUPO BANCO MARE NOSTRUM
IBAN/ACCOUNT NUMBER: ES11 0487 2007 7620 0000 8077
BIC: GBMNESMMXXX
Adjoining copy of bank receipt

SEND BY FAX TO: (0034) 971-465023