

Name of the event **Trofeu Internacional Ciutat de Barcelona**

 Start date (d/m/y) **14.09.2019** End date (d/m/y) **14.09. 2019**

 Number of riders per team _____ Class **2**

 Organizing body (name + address) **FEDERACIO CATALANA DE CICLISME, Passeig Vall d'Hebron 185-201, 08035 – Barcelona)**

 National Federation authorizing the event **REAL FEDERACION ESPAÑOLA DE CICLISMO**

Name of the team _____

Team representative (name + address) _____

The team hereby enters the following riders:
Men Elite

Name and First name	UCI Code	SP	KE	OMN	MAD

Women Elite

Name and First name	UCI Code	SP	KE	OMN	MAD

Delegation composition:

Function	Name and First Name	License number
1.		
2.		
3.		

In case of additional people, please enclose a detailed list.

The team asserts that it is aware of the sanctions stated by the UCI rules in case it fails to be present and commits to paying the organizer the amounts set by the article 1.2.053 of the UCI rules by way of damages.

This form shall be duly completed, signed and returned to the organizer in quadruplicate within the deadlines stated by article 1.2.049 of the UCI rules.

 Date and place

 Date and place

 Signature of the organizer

 Signature of the team representative