



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 2023 OF 23-24 25 APRIL:

- ☐ **ENTIRE EVENT REGISTRATION:** 3 DAYS 23-24-25 APRIL. FEE 50 EUROS
- ☐ **DAILY REGISTRATION:** FEE 25 EUROS PER DAY. TICK THE DAY
  - ☐ 23 APRIL
  - ☐ 24 APRIL
  - ☐ 25 APRIL

DECLARE THAT I HAVE READ THE AGT 2023 REGULATIONS: TO BE SIGNED ON THE DAY OF THE EVENT.

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

**BIC /SWIFT** ICRAITRREFO

**IBAN** IT28L0851924308000000002050

FILL IN AND RETURN TO THE MAIL ADDRESS [info@adriaticgreentrail.it](mailto:info@adriaticgreentrail.it)

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Web:** [www.adriaticgreentrail.it](http://www.adriaticgreentrail.it)

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