To improve the registration: please complete this registration form in advance (1 ex. per participant) 1) FILL IN this form 2) PRINT it out 3)SIGN the form 4) bring it with you to the START

1) FILL IN	this fo	rm 2) PRINT	it out	3)SIGN the form	4) bring it with you to the	ne START
		REGISTRAT	ION F	ORM for BRM - RM	in BELGIUM	
date	distar	nce km	City of	departure		N°.
NAME + FIRST NAME		km				
STREET + NUMBER + BOX						N° Box
COUNTRY		POSTAL CODE		CITY		
DATE of BIRTH	TELEPHONE NUMBER			CELL PHONE NUMBER		
in case of accide	TELEPHONE NUMBER			CELL PHONE NUMBER		
E-MAIL ADDRESS	;				<u> </u>	
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CLUB (name)					code ACP	
STATEMENT: I've read and ag					urs Mondiaux).	
I declare being covered by an insurance against civil liability for my cyclists activities. for regulations, please loo						
<u>www</u>					www.randonneurs.be www.audax-club-parisien.co	
date signature for approval					www.addax clab parisicined	
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To improv 1) FILL IN				plete this registration form 3)SIGN the form	n in advance (1 ex. per pa 4) bring it with you to tl	
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REGISTRATION FORM for BRM - RM in BELGIUM date						N°.
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DATE of BIRTH		TELEPHONE NUM	BER	<u> </u>	CELL PHONE NUMBER	
		TELEPHONE NUMBER			CELL PHONE NUMBER	
in case of accident, call:					TILL WORLDEN	
E-MAIL ADDRESS			_			

STATEMENT: I've read and agreed to the terms and conditions of BRM (Brevets Randonneurs Mondiaux).

signature for approval

I declare being covered by an insurance against civil liability for my cyclists activities.

CLUB (name)

date

for regulations, please look at: <u>www.randonneurs.be</u> <u>www.audax-club-parisien.com</u>

code ACP

