



La Trans'roller

Roller Inline event



Pontarlier / Malbuisson - Mouthe
September 11st, 2011

Individual entry form

TRANS'ORGANISATION
BP 20126 – Espace Lamartine
39404 MOREZ Cedex
Telephone : 00 33 3 84 33 45 13
Fax : 00 33 3 84 33 45 08

Reserved to the Organisation

Miss/Mrs

Mr.

Surname _____ (Block letters please)

First Name _____

Street _____

Town _____ Post Code _____ Country _____

Telephone _____ Birth Date ____ / ____ / ____ Nationality _____

E-mail : _____

Start place:

Pontarlier (34 km)

Malbuisson (17 km race)

Malbuisson (17 km Fitness)

Licence Number: _____ Club: _____ League: _____

You are not ranked in French Inline Cup

You are ranked in French Inline Cup, please indicate your category and rank:

Category: _____

Rank: _____

	34 km races		17 km races		17 km Fitness
	Licence	no Lic	Licence	no Lic	
Basic entry fee until 13/08/2011	30 €	35 €	20 €	25 €	10 €
From 14/08/2011 until 03/09/2011	35 €	40 €	25 €	30 €	15 €
On line registration only! From 04/09/2011 until 07/09/2011	40 €	45 €	30 €	35 €	15 €

Closing date for entries sent by POST: Saturday, September 03rd, 2011

Closing date for Internet entries: Wednesday, September 07th, 2011

MEDICAL CERTIFICATE

Fill out by Physician or join a medical certificate of less than one year (except 17 km Fitness)

Date of appointment: __ / __ / __

I certify, Doctor _____

That Mrs / Mr. _____

Is apt to participate in a Roller-blade event on a competitive level.

Physician's Stamp and Signature

PARENTAL AUTHORIZATION

(Mandatory for participants under 18 years old)

Mrs or Mr.* father, mother, tutor authorise my daughter, my son* to participate in la Trans'roller (17 km race and Fitness) under the responsibility of Mrs or Mr.* **present on the race**

I confirm to be in full knowledge and acceptance of the race regulations.

Location: Date

*(Please circle correct answer)

Signature (mandatory)

- I would like to use the organised transport service to return to Pontarlier after the race. The shuttle bus is free of charge for all participants.

Please find:

- My entry form
 Medical certificate delivered within 1 year

Entry fee (see page 1)

Amount paid _____ €

- by cheque (to Trans'Organisation)
 to Bank Account

Transjurassienne Crédit Mutuel : Account with institution - field 57 (option A)

IBAN : 10278 08735 00050511545 16 - BIC :

- by Credit Card Visa or Master Card N°: _____

Expiration date __ / __ / __

3 last numbers on the back of your card ___ **Signature (mandatory) :**

Surname _____ (en majuscules)

First Name _____

Location _____

Date __ / __ / 2011

In paying the race entry fees, the participant confirms to be in full knowledge and acceptance of the race regulations.

ATTENTION: ALL INCOMPLETE REGISTRATIONS WILL BE REFUSED