

# TROFEO KIMA- 2010 ULTRA SKYMARATHON® WORLD CHAMPIONSHIP

## ENTRY FORM

Name .....

Team name.....Birth date (dd/mm/yy).....

Address.....City.....

ZIP/Area code..... Country .....

Tel/Fax ..... email .....

**Curriculum:** SkyMarathons® & 2009-2010 skyrunning best results:

Race name: .....Date: .....Position: .....

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Race name: .....Date: .....Position: .....

Race name: .....Date: .....Position: .....

National Federation or skyrunning membership card number: .....

Medical or insurance certificate: .....

*(A medical certificate stating that the undersigned is fit to participate in endurance sports is required by Italian law)*

I certify that I am medically fit to run at high altitude and waive the organizers and participants of any responsibility relative to the event. I further declare that I possess full knowledge of the course as set out in the programme, also on behalf of my team. The organizers may use photos or film of entrants and the cession of the same to third parties.

Entrant's signature .....Date .....

**ENTRY FEE: € 60 (sixty euros) to reach us by July 31, 2010:**

Associazione KIMA Via Vanoni n. 45, 23010 Val Masino (SO), Italy

Fax +39 015 252 2941 - info@fsaservice.com

**Bank transfers: Kima Association - Banca Popolare di Sondrio:**

**IBAN: IT 43 X 0569652230000002600X64**

Race Office: Segreteria Associazione Kima, via Folla, 17, 23010 Val Masino (SO)

Tel/fax 0342/641154 - Cell 333-4240005 - info@kima.org