



Registration Form

Please select a tour: *Gabice Mare* *Sardegna* *Puglia*

Tour Information

Single:

Double:

Sharing with: _____

Will you be extending your stay? Yes No

Return date: _____

From which city? _____

Personal Information

First name: _____

Last name: _____

Title: _____

Address: _____

Suite: _____

City: _____

Province: _____

Postal code: _____

Telephone: _____

Fax: _____

E-mail: _____

Cycling club: _____

Membership number: _____

Passport Information

Citizenship: _____

Passport #: _____

Expiry date: _____

Birth date (Day/Month/Year): _____