TEAMS FORM

For the use of the Abitibi Cycling Tour

Évènement : Tour de l'Abitibi

Date : 11 july au 17 july 2022

Team name :_____ Pays :_____

ACCOMPAGNATEURS

	First name	Last name	CODE UCI
Sport director:			
Méchanic:			
Massothérapeute/Autre : **(Spécifiez dans les commentaires si « Autre »)**			

Commentaires : _____

_____

For duration of the competition, do you need to rent : Car yes ☐ no ☐

Bicycle rack yes ☐ no ☐

VALID CREDIT CARD NUMBER: _____

(Visa, MasterCard, American Express – number – expiration date)

How many bikes will you bring ? _____

If you use your own vehicule, but you need a bike rack, please fill in this (The Tour reserves the right to refuse to install a bicycle rack if no model is compatible):

Car brand :_____ Model :_____ Year : _____ Door number : _____

When you arrive and/or leave Val-d'Or, will you need transportation to/from the central :

☐ yes, on arrival only (Val-d'Or airport)
☐ yes, departing only (Val-d'Or airport)
☐ yes, on departur and on arrival
☐ no

TO BE COMPLETED BY NATIONAL TEAMS ONLY

Will you use the transportation between Montréal airport and Amos provided by the Tour: Yes ☐ No ☐

Date (aaaa/mm/jj) : _____ Signature of sport director :_____

SUMMARY

For the use of the Abitibi Cycling Tour
Please fill out one form per runner

IDENTIFICATION

FIRST NAME : _____LAST NAME : _____

TEAM : _____Code UCI : _____

Date of birth (j/m/a) : _____

Address : _____

PERFORMANCES

Description of the three (3) best performances :

Rank	Race

OTHER INFORMATIONS OR COMMENTS :

_____

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_____

SUMMARY

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IDENTIFICATION

FIRST NAME : _____LAST NAME : _____

TEAM NAME : _____Code UCI : _____

Date of birth (j/m/a) : _____

Address : _____

PERFORMANCES

Description of the three (3) best performances:

Rank	Race

OTHER INFORMATIONS OR COMMENTS :

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SUMMARY

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Please fill out one form per runner

IDENTIFICATION

FIRST NAME : _____LAST NAME : _____

TEAM NAME : _____Code UCI : _____

Date of birth (j/m/a) : _____

Address : _____

PERFORMANCES

Description of the three (3) best performances :

Rank	Race

OTHER INFORMATIONS OR COMMENTS :

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SUMMARY

For the use of the Abitibi Cycling Tour
Please fill out one form per runner

IDENTIFICATION

FIRT NAME: _____LAST NAME : _____

TEAM NAME: _____Code UCI : _____

Date of birth (j/m/a) : _____

Address : _____

PERFORMANCES

Description of the three (3) best performances :

Rank	Race

OTHER INFORMATIONS OR COMMENTS :

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SUMMARY

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FIRST NAME : _____LAST NAME : _____

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PERFORMANCES

Description of the three (3) best performances :

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OTHER INFORMATIONS OR COMMENTS :

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