



ACCREDITATION FORM

MECHANICAL

COMPANION

Team: _____

First / Last name: _____

Personal street address: _____

Zip code, City: _____

Country: _____

Date of birth: _____

Identity card or Passport N°: _____

mobile tel.: _____

e-mail: _____

Moto Club: _____

N°. Moto Club card: _____

Date: _____

Signature: _____