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| TOUR CYCLISTE DES VALLEES COTE D'AZUR  « Epreuve 2018»  **FICHE D'INSCRIPTION**  À renvoyer à : CHRISTIANE AUDOUARD  Tel  07 70 79 78 61  «  Parc de l’ Estagnol Bat G45, 195 chemin des plateaux fleuris 06600 ANTIBES »  E-mail : fsgtcyclisme06@gmail.com Avant le **10 MAI 2018**  Dernier délai  CLUB : … … … … … … … … … … … … … … Adresse :   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | NOM | PRENOM | CATE | DATE DE  NAISSANCE | Fédération | Repas  (oui/non) | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   Noms et tel du (des) dirigeant(s), ou accompagnateur(s)……………………………………… Coureurs FSGT 30 € x =…….…………… € avec repas 40 € x………=Coureurs autres fédérations 40 € x =…………………… € avec repas 50 € x…… =Repas dirigeants 15 € x =……………………€ **Règlement par chèque à l’ordre de la Commission cycliste FSGT.06  TOTAL ………. €**  **-**  **Les engagements ne seront validés qu’à la réception du règlement (chèque)** |
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