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**OFFICIAL ENROLMENT FORM – 2017 SEASON – ROAD RACES**

Event:VUELTA A COLOMBIA FEMENINA Country: COLOMBIA Class: 2.2

Organising body: FEDERACION COLOMBIANA DE CICLISMO

Start date (d/m/y):24/10/2017 End date (d/m/y): 29/10/2017

Team name:

Number of riders per team: 6

The team hereby enters the following riders and other persons:

1. **Titular riders**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **First Name** | **Year of birth** | **Nationality**(Country code) | **UCI ID** (11 digits) |
| 1 |       |       |       |       |       |
| 2 |       |       |       |       |       |
| 3 |       |       |       |       |       |
| 4 |       |       |       |       |       |
| 5 |       |       |       |       |       |
| 6 |       |       |       |       |       |
| 7 |       |       |       |       |       |
| 8 |       |       |       |       |       |
| 9 |       |       |       |       |       |

1. **Substitute**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 |       |       |       |       |       |
| 2 |       |       |       |       |       |
| 3 |       |       |       |       |       |
| 4 |       |       |       |       |       |

1. **Sport(s) Director(s) at the event**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **First name** | **Nationality**(Country code) | **UCI ID** (11 digits) | **Mobile phone** | **Email** |
| 1 |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |

1. **Other staff at the event (mechanics, paramedical assistants, etc.)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **First name** | **Nationality**(Country code) | **UCI ID** (11 digits) | **Function** |
| 1 |       |       |       |       |       |
| 2 |       |       |       |       |       |
| 3 |       |       |       |       |       |
| 4 |       |       |       |       |       |
| 5 |       |       |       |       |       |
| 6 |       |       |       |       |       |
| 7 |       |       |       |       |       |
| 8 |       |       |       |       |       |
| 9 |       |       |       |       |       |
| 10 |       |       |       |       |       |
| 11 |       |       |       |       |       |
| 12 |       |       |       |       |       |
| 13 |       |       |       |       |       |
| 14 |       |       |       |       |       |
| 15 |       |       |       |       |       |

In conformity with article 2.2.009 of UCI Regulations, **the organiser pays the team a participation allowance amounting to**

 (amount)  (currency).

This form shall be duly completed, signed and returned to the organiser within the deadlines stated by article 1.2.049 of UCI Regulations.

Place and date Place and date

Name and signature of the **organiser**  Name and signature of the **team representative**