

## FIM ENDURO VINTAGE VETERANS TROPHY TEAM

### Riders Informations Form

<b>Country of the Team</b>	
FMN	

Riders Informations	RIDER 1	RIDER 2	RIDER 3
Name			
Firstname			
FIM Licence Number			
Date of Birth			
Gender			
Nationality			
Passport or ID Number			
Classic Cat. 72, 76, 79, 82			
Driving Licence Number			
E-mail of the rider			
Mobile phone number			
<b>Bike</b>			
Bike make			
Bike model			
Capacity			
Engine (2 st / 4 st)			
Year			
Tyre make			
Registration Number			
Frame Number			
Insurance Number			
End of Insurance Validity			
Insurance Name			
<b>Riders Experience at ISDE</b>			
Number of participation			
Last year participation			
<b>Riders Media</b>			
Website			
Facebook			
Other social media			
<b>Team Manager</b>			
Name of the Team Manager			
Firstname			
Date of Birth			
Gender			
Country			
E-mail			
Mobile phone number			
<b>Teams Media</b>			
Website			
Facebook			
Other social media			

Send this application by September 25 to [gregory.ricci@fim.ch](mailto:gregory.ricci@fim.ch)