

**OFFICIAL ENROLMENT FORM – 2024 SEASON – ROAD RACES**

Event: **Fellmanin ajot / Fellman Criterium** Country: **FIN** Class: **ME/MU/MJ**  
 Organising body: **TWD-Länken (twd-lanken@twd.fi)**  
 Start date (d/m/y): **2.6.2024** End date (d/m/y): **2.6.2024**

Team name:  
 Number of riders per team:

The team hereby enters the following riders and other persons:

**A. Titular riders**

	Name	First Name	Year of birth	Nationality (Country code)	UCI ID (11 digits)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**B. Substitute**

1					
2					
3					

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

	Name	First name	Nationality (Country code)	UCI ID (11 digits)	Mobile phone	Email

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

	Name	First name	Nationality (Country code)	UCI ID (11 digits)	Function

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**  
**representative**

\_\_\_\_\_  
 Name and signature of the **team**