



<input type="checkbox"/> <b>BMX AMATEUR</b>  <input type="checkbox"/> <b>BMX PRO</b>	<b>€ 5 FOR AM - 16</b> <b>€ 10 FOR AM +16</b> <b>€ 15 FOR PRO</b>
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**Payment by postal mail or the D-DAY - cheque payable to RENNES SUR ROULETTES**  
**CPB / RENNES SUR ROULETTES - 30 Bis Rue de Paris - BP 60 401 - 35704 RENNES Cedex 7 - FRANCE**  
 Contact : Tél. + 33 2 99 27 66 73 / email : [contact@rennessurroulettes.com](mailto:contact@rennessurroulettes.com)

<input type="checkbox"/> AM - 16 BMX	<input type="checkbox"/> AM - 16 BMX	<input type="checkbox"/> PRO BMX
Surname : .....		
First Name : .....		
Born on : ...../...../.....		
Email : .....		
Nationality : .....		
Address : .....		
City postal : ..... City : ..... Country : .....		
Phone Number : .....		
Club and/or Sponsors : .....		
Prize list and/or last result : .....		
.....		

. If licensee - Licensee Number of your Federation : .....

. Person to contact in cas of emergency :  
 Surname : ..... Phone Number : .....

<p><b>PARENTAL CONSENT FOR MINORS</b></p> <p>I undersigned, ..... allows the child named above to participate discipline identified above under the responsibility of ..... present on location.</p>
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*No refunds will be granted except in cases of force majeure justified. Registration will be confirmed as full payment.*

*Image rights: Each participant shall, without compensation, the organizer to use photographs taken at the event on which it might appear, for the needs of its various publications.*

*I agree with the Organizer Rules and agree to abide as I certify the accuracy of the information contained in this registration file.*

**Date and Signature :**