

**OFFICIAL ENROLMENT FORM – 2025 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): **1.6.2025** End date (d/m/y):  **1.6.2025**

Team name:

Number of riders per team:

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 |  |  |  |  |  |
| 10 |  |  |  |  |  |

1. **Substitute**

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

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

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

1. **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

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