

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:

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**