



Surname : First Name :

Date of Birth :/...../..... Woman Man

Address :

Postal Code : Town :

Country : Tel. : e-mail :

Team :

I am entering : The 4 Valley EXTREME The 2 Valley SOLIDE

The first 1000 entrants will receive a souvenir La Pyrénéenne cycling jersey.

Your size? : S M L XL XXL

Please submit with Entry Form :

– Medical certificate less than one year old on the date of the event

Payment Method :

– EURO bank cheque order made payable to “La Pyrénéenne”

IBAN : FR76 1780 7000 4255 3193 2292 940 BIC : CCBPFRPPTLS

Name (obligatory) of the holder of the account payer :

Before 2 June 2025.....EUR 53 (meal included)

After 2 June 2025.....EUR 60 (meal included)

Additional meals...EUR 15 X.....= Euro

Total :EUR

With insurance IA +3 € Without insurance IA

I confirm I have read and understood the rules and regulations of the event :

Date :

Signature.....

MEDICAL CERTIFICATE	
<p>I, Doctor..... hereby certify that I have examined the aforementioned entrant and can find no apparent medical condition which would preclude competitive cycling. Dated :</p>	<p>Signature and official stamp</p>