



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 3 June 2024.....EUR 50 (meal included)

After 3 June 2024.....EUR 55 (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

I, Doctor.....
hereby certify that I have examined the
aforementioned entrant and can find no
apparent medical condition which would
preclude competitive cycling.

Dated :

Signature and official stamp

La Pyrénéenne
1, rue de la Hount Blanque 65200 Bagnères-de-Bigorre
www.lapyreneennecyclo.com