REQUEST FORM TO ORGANISE A FIM GATHERING

All fields are required to be filled

Name of the FMNR _____

Category _____

Event _____

Name of Event _____

Website _____

Year /Date _____

Venue _____

Name and address of the organiser or organising Club

_____

_____

Tel _____

e-mail _____

FIM Touring Steward Licence Holder – First Name, Last Name and License number
At least one license holder is required to be filled

_____

_____

☐ Annex 1: Cat. 1 FIM Classic Touristic Gatherings https://bit.ly/FIMCE-CAT1
☐ Annex 2: Cat. 2 FIM Touring Gatherings https://bit.ly/FIMCE-CAT2
☐ Annex 3: Cat. 3 FIM Special Touristic Gatherings https://bit.ly/FIMCE-CAT3

I (we) have read, understand and agree to the conditions and regulations contained in the related annex.

CERTIFICATION

ORGANISER	
Name (First, Last):	Stamp and Signature:
Date:	

FMNR	
Name (First, Last):	Stamp and Signature:
Date:	

AUTHENTICATION

FIM	
Name (First, Last):	Stamp and Signature:
Date:	