

VACANZE, TOUR E TRAINING IN BIKE

Form to complete and send to

info@bikearound.it (to make sure it has been received – and also to avoid any spamming issues – don't forget to ask for a return receipt); by fax to +39-0125421245; by post to bike@round, via F. Chiaves 1/B, 10015 Ivrea (TO), Italy.
If you have problems sending or completing the form, please contact +39-012545174.

Name of the tour **IN THE FOOTSTEPS OF SIGERICO two days on the Via Francigena**

- 2012 dates
- | | |
|--|---|
| <input type="checkbox"/> Friday 4 May/Sunday 6 May | <input type="checkbox"/> Friday 25 May/Sunday 27 May |
| <input type="checkbox"/> Friday 8 June/Sunday 10 June | <input type="checkbox"/> Friday 29 June/Sunday 1 July |
| <input type="checkbox"/> Friday 3 August/Sunday 5 August | <input type="checkbox"/> Tuesday 14 August/Thursday 16 August |
| <input type="checkbox"/> Friday 7 September/Sunday 9 September | <input type="checkbox"/> Friday 5 October/Sunday 7 October |
| <input type="checkbox"/> Friday 19 October/Sunday 21 October | <input type="checkbox"/> |
- (dates agreed for pre-formed group)

Number of adults Number of children/teenagers aged

Number of rooms single/single occupancy double double triple
preferably twin beds preferably double bed

Any extra nights from to
rooms as above different.....

Supplement for half board on dates

Bike own hire
number of bikes for adults 60 Euros for two days
number of bikes for children 60 Euros for two days

Optional healthcare and medical fee insurance:
 Please send me an estimate I am not interested

Other needs
.....

We are arriving by car train plane
expected arrival time at hotel about

How did you find out about bike@round?
 internet friends biking magazine other magazine fair other

Complete the following details for every person. For family groups show the data applicable to all members just once, but in any case give the name and surname, date of birth, height and tax number (if applicable).

Group leader

Surname Name
Address Post Code..... City..... Province
Country Tel. No. Fax
Cell phone E-mail.....
Tax/National Insurance No. (if applicable) Date of birth

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Height (for the hire bike) Occupation

Other members

Surname and name	Address	Date of birth	Height
2.
3.
4.
5.

Payment of the full sum of Euros, as per your estimate dated
By bank transfer to Banca Sella IBAN IT16E0326830549053845312870
Payee: bike@round-Alterego srl
Reason for payment: Name and surname of the group leader

Date..... Signed

This contract will be considered concluded on acceptance of this form by the organiser. I hereby expressly declare that I have read the technical sheet and general contract conditions, and in particular points 8) CHANGES OR CANCELLATION OF THE PACKAGE PRIOR TO DEPARTURE; 9) WITHDRAWAL OF THE USER; 10) CHANGES AFTER DEPARTURE; 15) LIMITS OF LIABILITY; 17) COMPLAINTS. Signing of this contract implies acceptance of the general conditions of the contract.

Information on law 675/96 art. 11 (consent) and DLgs 196/03 art. 7 (rights of the person involved), art. 23 (consent), art. 37 (notification), in respect of the Privacy Code concerning the treatment of personal data: we confirm that your e-mail and postal addresses will be used exclusively in connection with communications concerning your tours and will not be communicated to third parties. By signing below you give your consent for us to treat your personal data (inclusion in our database). The data holder is bike@round-Alterego srl, responsible for data treatment, appointed in accordance with art. 8. Data will be treated lawfully and correctly, collected and recorded for legitimate, clearly stated purposes.

DateSigned