



# TRAIL DEL MARCHESATO

38km 2200m D+    16km 1000m D+

I. Dr. (name, surname)

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Born (city, country)

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On (dd/mm/yyyy)

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With offices at (complete address)

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And phone number

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## Hereby state

That Mr / Mrs / Ms (name, surname)

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Born (city, country)

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On (dd/mm/yyyy)

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And resident at (address, city, country)

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ID document N°

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According to the results of medical check-ups and examinations, is healthy and currently fit for high intensity competitive sports in general and for the marathon in particular.

This certificate is valid until  
(dd/mm/yyyy)

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*This certificate must be valid 1 Year.*

Date (dd/mm/yyyy)

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*Physician's  
signature and  
stam*

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info: [www.trailrunnersfinale.it/marchesato](http://www.trailrunnersfinale.it/marchesato)

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