



REPLACEMENT WITH ANOTHER PARTICIPANT

(To be submitted by March 30, 2027)

TO BE FILLED IN AND SENT BY EMAIL TO: info@topdolomites.it

ATTACHMENT: receipt of payment of the registration fee, copy of medical certificate of the **new participant**

The undersigned Name: Surname:

Born in: Date of Birth:

WHEREAS

Having submitted an application for admission to Top Dolomites Outdoor Festival on and having accepted and read the Event regulation

REQUESTS

To have paid the registration fee of € on but now he/she cannot participate in the Event, and therefore

ASKS

To be replaced in the participation to the Event by

Mr./Ms. Name: Surname:

Born in: Date of Birth:

Expiry date medical certificate:

Place and Date

FULL SIGNATURE of the **replaced participant**