



ACC CONTERN
13th GALA TOUR DE FRANCE
Ville de Luxembourg
30.07.2009

SPONSOR TROPHY

REGISTRATION FORM

Name of the team : _____

Team manager: _____

Adress: _____

Telephone : _____

Composition of the team

	Name	First Name	Elimination race	M	F
1			I		
2			I		
3			II		
4			II		
5			III		
6			III		

We declare accepting the regulations and participate at our own risks.

Name of the team manager : _____ Signature : _____

Please fill out this form, sign it and send it before 27/07/2009 to the fax number 29 77 72 or to following adress :

ACC CONTERN
 c/o M. Eugène Stirn
 19, rue Jules Fischer
 L-1522 Luxembourg