



Štartna številka /  
Competition no.

V primeru nesreče obvestite spodaj navedeno osebo, ki jo obenem pooblašчам za urejanje formalnosti:

In case of emergency/accident contact person below, which is also authorized to regulate the formalities:

Priimek / Surname	
Ime / Name	
Datum rojstva / Date of birth	
Tel. Številka / Phone number	

Spodaj podpisani pooblašчам vodstvo dirke 2. RALLY DOLINA ZELENEGA ZLATA, da od zdravstvenih ustanov pridobijo podatke o poškodbah.

The undersigned hereby authorize The Headquarters 2. RALLY DOLINA ZELENEGA ZLATA, to obtain medical informations on injuries from Medical Institutions.

Priimek / Surname	
Ime / Name	
Društvo / Club	

datum / data

podpis / signature