

Štarta številka / Competition No.

V primeru nesreče obvestite spodaj navedeno osebo, ki jo obenem pooblaščam 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 pooblaščam vodstvo dirke 38. RALLY VELENJE 2023, da od zdravstvenih ustanov pridobijo podatke o poškodbah.

The undersigned hereby authorize The Headquarters of 38. RALLY VELENJE 2023, to obtain medical informations on injuries from Medical Institutions.

|  |  |
| --- | --- |
| Priimek / Surname |  |
| Ime / Name |  |
| Društvo / Club |  |

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 datum / data podpis / signature