



Štarta številka / Competition No.

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

In case of emergency/accident contact the person below, who 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 41. TIKI RALLY VELENJE 2026, da od zdravstvenih ustanov pridobijo podatke o poškodbah.

The undersigned hereby authorizes the rally headquarters of 41. TIKI RALLY VELENJE 2026, to obtain medical information on injuries from medical institutions.

Priimek / Surname	
Ime / Name	
Društvo / Club	

datum / date

podpis / signature