



REQUEST FORM TO ORGANISE A FIM GATHERING

All fields are required to be filled

Name of the FMNR _____

Category _____

Event _____

Year _____

Venue _____

Date _____

Name and address of the organiser or organising Club

Tel _____

e-mail _____

FIM Touring Steward Licence Holder - First Name, Last Name and License number

At least one license holder is required to be filled

Annex 1: Cat. 1 FIM Classic Touristic Gatherings
Annex 2: Cat. 2 FIM Touring Gatherings
Annex 3: Cat. 3 FIM Special Touristic Gatherings

<https://bit.ly/3QCEeU2>
<https://bit.ly/3OYLkRA>
<https://bit.ly/3smJCAm>

I (we) have read, understand and agree to the conditions and regulations contained in the related annex.

CERTIFICATION

ORGANISER	
Name (First, Last):	Stamp and Signature:
Date:	

FMNR	
Name (First, Last):	Stamp and Signature:
Date:	

AUTHENTICATION

FIM	
Name (First, Last):	Stamp and Signature:
Date:	