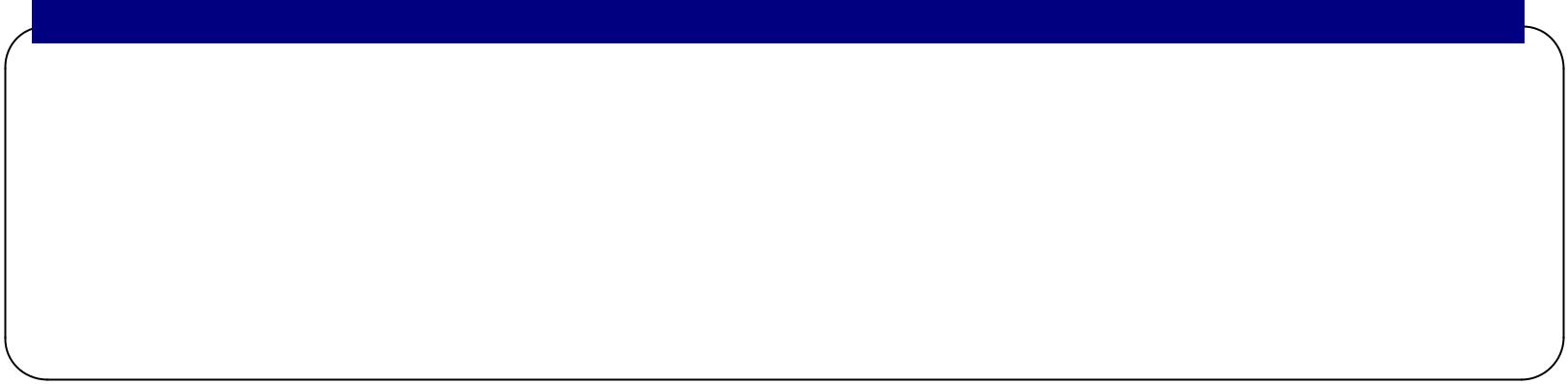
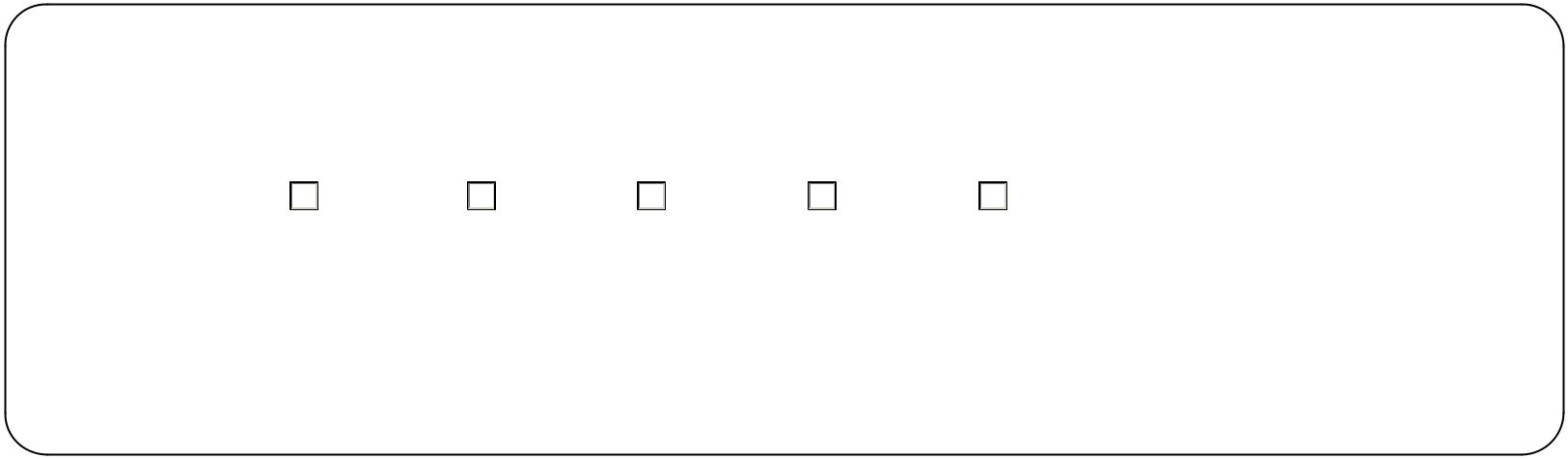


**DEMANDE D'UNE CARTE CYCLOSPORT NOUVEAU LICENCIE(E)**

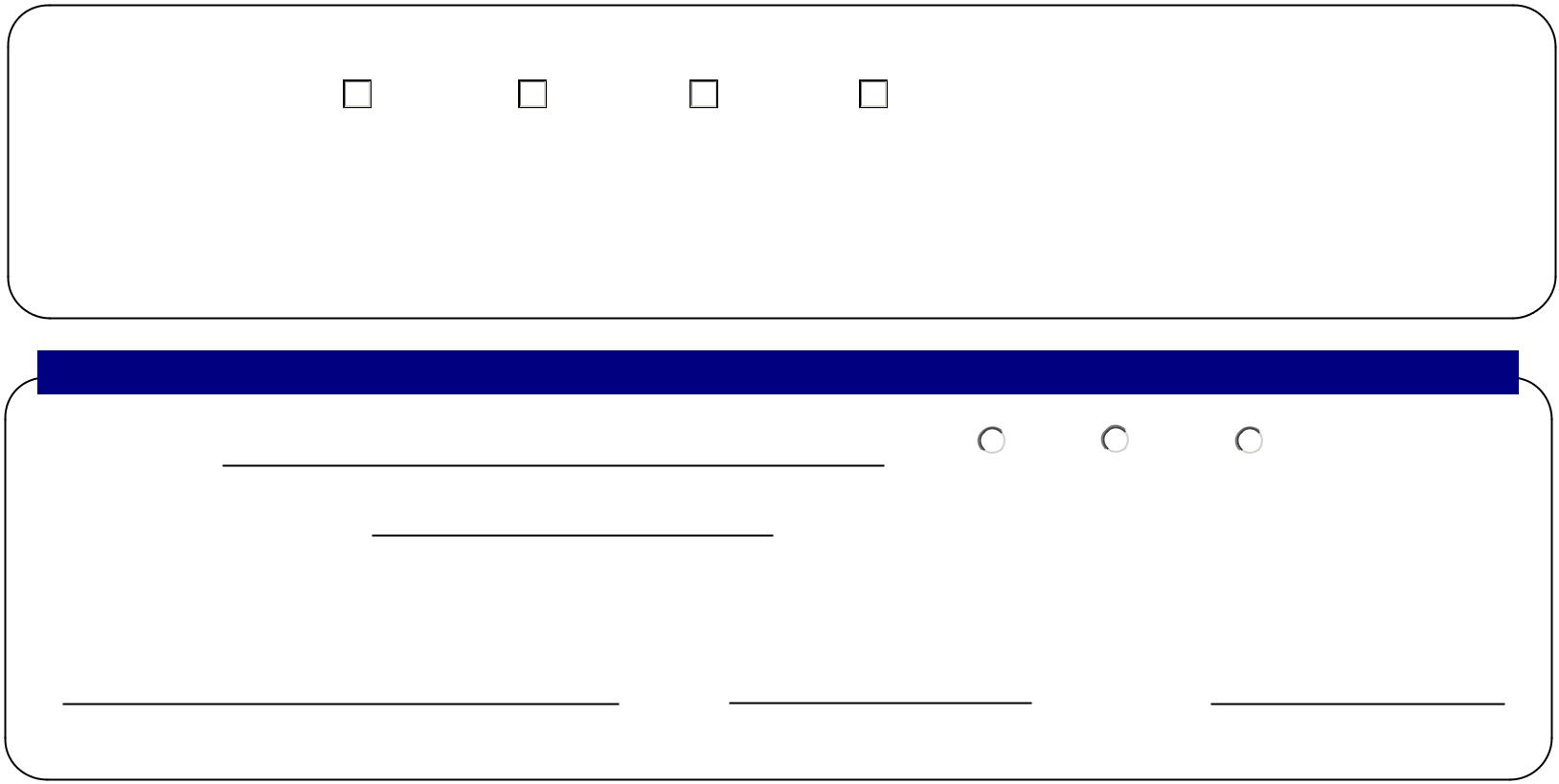
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**1/ Renseignements administratifs**

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| Nom | |  | | | | | Prénom |  |  |  |  |  | Sexe | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date naissance | | | |  | | | Tél fixe | |  |  |  | Tél mobile | | | |  | |  |  |  |  |
| Adresse | | |  | | | |  |  |  | Ville |  |  |  |  | Code postal | |  |  |  |  |  |
| Adresse électronique | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **2/ Avez-vous déjà été licencié** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nom et coordonnées | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| de votre dernière | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| association | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Etiez-vous licenciés | | |  |  |  |  | FFC | | | |  |  |  |  |  |  | FSGT | | | | |  |  |  |  | UFOLEP | | | | | | |  |  | FFTRI | | | |  | Autre Précisez | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
| En quelle année | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Caté route au 31/12 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | |  |  |  |  |  |  | | | | |  |  |  |  |  |  |  |  | | | | | | | | | |  |  |  |  |  |  | *Si FFC nombre de points* | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Caté Cyclocross au 31/12 | |  |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | *Si UFOLEP N° dernière licence* | | | | | | | | | | | |
| VTT compétition | |  |  | | | |  |  |  |  |  |  | | | | |  |  |  |  |  |  |  | | | | | |  | | | | |  |  |  |  |  |
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|  | **3/ Avez-vous déjà une autre licence** | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Vous-êtes licenciés | | | | |  |  | FFC | | | | | | |  |  |  | FSGT | | | | | |  |  |  |  | FFTRI | | | | | |  |  | Autre | | | | Précisez | | | | | | | | | | |
|  |  |  |  |  |  |  |  |
|  | Caté route | |  |  |  |  |  | | | | | |  | | |  |  | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Caté Cyclocross | |  |  |  |  |  | | | | | |  | |  | |  | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | VTT compétition | |  |  |  |  |  | | | | | |  | |  | |  | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

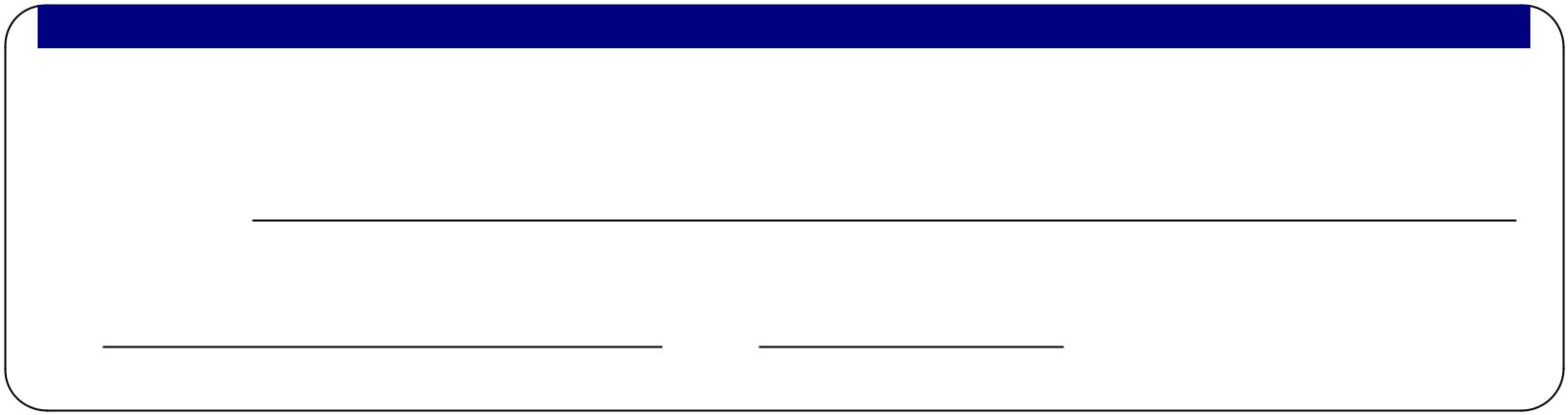


**4/ Jeune : autorisation parentale**

|  |  |  |  |
| --- | --- | --- | --- |
| Je, soussigné(e) | Père | Mère | Tuteur |
| Autorise mon enfant | à pratiquer le cyclisme de compétition au sein de l'UFOLEP | | |

J'autorise les organisateurs à faire soigner mon enfant et à prendre toutes mesures (y compris une hospitalisation) que nécessiterait son état de santé, conformément aux prescriptions du corps médical consulté.

A Le Signature



**5/**

Après avoir pris connaissance des statuts de l'UFOLEP et des règlements concernant le cyclosport UFOLEP, je souhaite obtenir une carte Cyclosport dans l'association suivante :

Association

Je certifie exacts les renseignements fournis ci-dessus.

A Le

Signature du demandeur ou signature du représentant légal pour les mineurs