



INDIVIDUAL ENTRY FORM
Concept2 Euro Open – January 24th 2009



Name and Surname	Date of Birth
Club	Age on day of race
Address	Nationality
	Post Code
Phone	e-mail

MARK THE BOX OF YOUR CATEGORY

based on your age on Jan 24th and your weight (please mark only one)

MEN HEAVYWEIGHT	MEN LIGHTWEIGHT 75 Kg or less	WOMEN HEAVYWEIGHT	WOMEN LIGHTWEIGHT 61,5 Kg or less
<input type="checkbox"/> 1 1996 M	--	<input type="checkbox"/> 2 1996 W	--
<input type="checkbox"/> 3 1995 M	--	<input type="checkbox"/> 4 1995 W	--
<input type="checkbox"/> 5 1994-1993 M	--	<input type="checkbox"/> 6 1994-1993 W	--
<input type="checkbox"/> 7 Junior18 M	<input type="checkbox"/> 8 Junior18 M LW	<input type="checkbox"/> 9 Junior18 W	<input type="checkbox"/> 10 Junior18 W LW
<input type="checkbox"/> 11 Under23 M	<input type="checkbox"/> 12 Under23 M LW	<input type="checkbox"/> 13 Under23 W	<input type="checkbox"/> 14 Under23 W LW
<input type="checkbox"/> 15 Open M	<input type="checkbox"/> 16 Open M LW	<input type="checkbox"/> 17 Open W	<input type="checkbox"/> 18 Open W LW
<input type="checkbox"/> 19 30-39 M	<input type="checkbox"/> 20 30-39 M LW	<input type="checkbox"/> 21 30-39 W	<input type="checkbox"/> 22 30-39 W LW
<input type="checkbox"/> 23 40-49 M	<input type="checkbox"/> 24 40-49 M LW	<input type="checkbox"/> 25 40-49 W	<input type="checkbox"/> 26 40-49 W LW
<input type="checkbox"/> 27 50-59 M	<input type="checkbox"/> 28 50-59 M LW	<input type="checkbox"/> 29 50-59 W	<input type="checkbox"/> 30 50-59 W LW
<input type="checkbox"/> 31 60-69 M	<input type="checkbox"/> 32 60-69 M LW	<input type="checkbox"/> 33 60-69 W	<input type="checkbox"/> 34 60-69 W LW
<input type="checkbox"/> 35 over70 M	<input type="checkbox"/> 36 over70 M LW	<input type="checkbox"/> 37 over70 W	<input type="checkbox"/> 38 over70 W LW
ADAPTIVE MEN	ADAPTIVE WOMEN	SPECIAL MEN	SPECIAL WOMEN
<input type="checkbox"/> 39 AD LTA M	<input type="checkbox"/> 40 AD LTA W	<input type="checkbox"/> 45 SPEC M	<input type="checkbox"/> 46 SPEC W
<input type="checkbox"/> 41 AD TA M	<input type="checkbox"/> 42 AD TA W		
<input type="checkbox"/> 43 AD A M	<input type="checkbox"/> 44 AD A W		

Expected final race time
Personal information (for race commentary)

- Entries should be returned to: Indoor Rowing S.r.l., Via degli Scaloni 45, 00060 Castelnuovo di Porto (RM) Tel. 06.90160034, fax. 06.90169140, info@concept2.it to arrive no later than January 15 2009 at 18,00h. (with payment receipt)
- All participants must present a medical certificate stating that they are in physical condition to compete in I.R. races, or prove affiliation to their national rowing federation.
- All fees are non-refundable.
- Important Medical Recommendation: If on race day you feel unwell, have recently been suffering from a virus or are on medication, we recommend that you do not race. Indoor rowing racing requires maximal effort and the organisers take no responsibility for illness or injury caused as a consequence. If you have any doubts you should seek medical advice prior to racing.
- Lightweight weight limits: Men 75 kg or less, Women 61.5 or less. Lightweights weigh in time between one and two hours before the start of the race.

By signing this entry form I declare that I am aware of and accept the rules of the Concept2 Euro Open, which are intended to be part of this entry form. In line with Law n. 31 of 31 december 1996, n. 675 and in particular articles 11 and 20, I agree that the organizers for the Euro Open may collect and use the personal information given above, to form the list of participants in the race, to prepare the official list of results and for all operations connected to the participation in the race, also for promotion, information or for printed material. I may consult, modify or cancel the data relating to me as declared above. I declare that I am in physical condition to be able to cover the virtual distance of 2000 metres on an Indoor Rower and therefore release the organizers Indoor Rowing s.r.l. from any responsibility in this regard.

INDIVIDUAL ENTRY FEE € 10,00

Date	Signature
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