**PARTICIPANTS REGISTRATION TABLE**

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| **NAME, SURNAME**(DOUBLE ROOM) | **PERSONAL IDENTIFICATION DOCUMENT NUMBER** | **SIZE of the T-shirt**(S, M, L,XL ,XXL) | **PARTICIPANT STATUS:**MOTORCYCLIST / CO-DRIVER | **NOTE: ACCOMMODATION and****SPECIAL NUTRITION SPECIFICS** (preferences and/or restrictions) |
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The completed table needs to be sent to the following e-mail address: ipamotocroatia@gmail.com