



Štarta številka / Competition No.

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

**In case of emergency/accident contact person below, which 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 12. Rally Vipavska dolina 2023, da od zdravstvenih ustanov pridobijo podatke o poškodbah.

The undersigned hereby authorize The Headquarters of 12. Rally Vipavska dolina 2023, to obtain medical informations on injuries from Medical Institutions.

Priimek / Surname	
Ime / Name	
Društvo / Club	

\_\_\_\_\_

datum / data

\_\_\_\_\_

podpis / signature