



Partner/Racer		
Team's Name:		
Team's Owner Name (Mandatory Filling):		
Team's Number (last year):	Or	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">First Time Inscription (mark a cross)</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 5px;"></div> </div>

Address:	
Team's Country:	
Phone/Cell Number	VAT/Tax Nr (Mandatory Filling):
Email:	
Team's Agent Name (Mandatory Filling):	

Team A		
Active/ Reserve	Ring	Pigeon's Name
A		
A		
R1		
R2		
R3		

Team B		
Active/ Reserve	Ring	Pigeon's Name
A		
A		
R1		
R2		
R3		

Team C		
Active/ Reserve	Ring	Pigeon's Name
A		
A		
R1		
R2		
R3		

Team D		
Active/ Reserve	Ring	Pigeon's Name
A		
A		
R1		
R2		
R3		

Payment method of annual dues (fill in the applicable option)	
Cash	€
Bank Transfer to AGR	€
Direct Payment to Agent	€

Payments to:	
AGR	
Bank: BPI Olhão	BIC/Swift: BBPIPTPL
IBAN: PT50 0010 0000 57104970001 27	

I declare that I have read and accept all the rules and conditions of the participation regulations, regarding the 2025 season, which are available at www.goldenracealgarve.com	(mark a cross)
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Team's Owner Signature:	
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