TROFEO Nasego CASTO (BS) ITALY VERTICAL Nasego

2025 TEAM APPLICATION FORM

FEDERATION: _____

TEAM MANAGER: _____

ATHLETES

NAME	SURNAME	M/F	birth year	RACES*

***RACES SELECTION:**

- **VK : VERTICAL NASEGO**
- **T21 : TROFEO NASEGO**
- **COMBO : BOTH**