**EUROPE DAY WITH THE CROSS-BORDER COOPERATION PROGRAMMES:**

**POLAND-RUSSIA AND SOUTH BALTIC – BIKE RIDE**

**10-11.05.2019**

**Registration form**

|  |  |
| --- | --- |
| **Name and surname:** |  |
| **Institution:** |  |
| **Phone:** |  |
| **E-mail address:** |  |
| **Date of birth:** |  |

\* maximum two representatives from one organisation (each participant is obliged to fill in the registration form).

I declare that I have became acquainted with the rules of the Bike Ride „Europe Day with the cross-border cooperation programmes: Poland-Russia and South Baltic” and I accept all statements, which it includes.