**Fiche d’inscription**

**Marche Nationale pour la Vue**

**NOM :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Prénom :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Date de naissance :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ et **Lieu de naissance :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Adresse complète :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Date de naissance :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Numéro de téléphone :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Mail :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Licencié Fédération Française Handisport : □** Oui **□** Non

**Type de handicap :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Vos besoins éventuels :**

**□** Guide mal et non voyant **□** Joëlette ou fauteuil tout terrain + pilotes

**Nombre de participants :**

* Personnes en situation de handicap :
  + Marche : \_ \_ \_ X 6 €
  + Marche + tee-shirts : \_ \_ \_ X 12 €
* Valides :
  + Marche : \_ \_ \_ X 6 €
  + Marche + tee-shirts : \_ \_ \_ X 12 €

Total : \_ \_ \_ €

Fait à \_ \_ \_ \_ \_ \_ \_ \_ \_ \_, le \_ \_ \_ \_ \_ \_ \_ \_ \_

Signature,