



FÉDÉRATION INTERNATIONALE
DE MOTOCYCLISME

To:

- FMNs and CONUs
- Board of Directors
- Sporting Commissions

8 December 2016

CEO/005/2016
IVE/cca

2018 Calendar for the FIM Trial World Championship and the FIM Trial des Nations

Dear Sir or Madam,

Please find enclosed the form regarding the request to organise a **FIM Trial World Championship or FIM Trial des Nations** round in 2018, which, in conformity with the provisions laid down in the FIM Sporting Code, must be returned to us, by the FMNs, **by 31 January 2017, at the latest.**

Moreover, we would like to remind you that it is **indispensable that all sections of the attached form be filled in.** We would also like to point out that alternative dates may be indicated on these requests.

These requests will be examined by the Bureau of the Trial Commission in 2017, which will establish a provisional calendar subject to the final approval by the Board of Directors and the 2017 General Assembly.

We thank you for your attention.

Yours sincerely,

Ignacio VERNEDA
CHIEF EXECUTIVE OFFICER

Enclosure: mentioned



Candidature for the Organisation of an FIM Trial World Championship or FIM Trial des Nations Event

Candidature pour l'Organisation d'une Manifestation de Championnat du Monde FIM de Trial ou Trial des Nations

For FIM Internal use / Réserve à l'usage interne de la FIM

Date attribuée :

Provisoire :

Finale :

IMN :

FMN: _____

Name of the FIM Championship / *Nom du Championnat FIM* :

Name of the combined FIM Championship / *Nom du Championnat FIM jumelé* :

Class(es) / *Classe(s)*: _____ / _____ / _____ / _____ / _____ / _____ / _____

Date(s) of the meeting / *Date(s) de la manifestation* :

Possible alternative date(s)

Eventuelle(s) date(s) alternative(s) : _____ / _____

Circuit of the meeting / *Circuit de la manifestation* :

Nearest town

Ville la plus proche :

Name and address of the Organiser / *Nom et adresse de l'Organisateur* :

Postal Code / *Code Postal* : _____ City / *Ville* : _____

International Code / *Code international* : + _____ Tel. / *Tél.* : _____

Area Code / *Code interurbain* : _____ Fax : _____

E-mail : _____

We hereby agree to respect the FIM regulations in force and to pay the prescribed fee. We authorize the FIM to publish the information mentioned above and take note that any change to the present form is to be immediately communicated to the FIM Administration / *Par la présente, nous nous engageons à respecter les règlements FIM en vigueur et à payer les droits prescrits. Nous autorisons la FIM à publier les informations mentionnées ci-dessus et nous prenons bonne note que tout changement en relation avec le présent formulaire est à communiquer immédiatement à l'Administration FIM.*

Stamp of the FMNR / *Timbre de la FMN* :

Date: _____

Signature: _____