**ENTRY FORM “C”** Return no later than **August 8, 2017**

**Nation: Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_

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| **Male Athletes**Surname | First Name | **ID Number \*** | Date of Birth | Passport No. | Pistol Model | Serial No. |
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| **Female Athletes**Surname | First Name | **ID number \*** | Date of Birth | Passport No. | Pistol Model | Serial No. |
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**\* Attention: No athlete will be admitted to the competition without a valid international license - see reverse of license for Athlete ID number**

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| **Officials** Surname | First Name | Function | Passport No. |
|  |  | Head of Delegation |  |
|  |  | Coach |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Other |  |

|  |  |  |  |  |  |  |  |
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| Name | Arrival Date | From | Time  | Flight No. | Departure Date | Time | Flight No. |
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**ACCOMMODATION**  *Mark with “X”*

**The Delegation will stay in the Official Hotel *YES* *NO***

**IF YES:**

Single rooms n. from to a

Twin rooms n. from to a

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (printed):** **Date:** 　　　　　　　a

**Return to**: hectorhdez31@hotmail.com