



Association: _____ Address: _____

Team Leader : _____ Coach: _____ Fax: _____

No	Name	first name	year of birth	air pistol				sport pistol			free pistol		St. Pi.	center fire		rapid fire		Handicap		wheel chair
				male		female		female		HC**	male							left Hand	right Hand	
				Men	Jun	Ladies	Jun f	Ladies	Jun f	m+w	Men	Jun	open	open	Men	Jun				
				60	60	40	40	60	60	60	60	60	open	open	60	60				
1																				
2																				
3																				
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16																				
17																				
18																				
19																				
*Team:																				

* Please, give the number of participating teams per category! (No entry = No team) HC** = Handycap Discipline