

ISCH Final Registrationform: Pistol Shooters

Teamname: _____

Nation: (short) _____

Contact Person: _____

Name	First Name	year of birth yyyy	Official	Athlet	Deaf	gender m - men, w - female	Air Pistol		Team Ev.		Free Pistol		Rapid Fire		Sportpistol		Centre Fire	Std. Pistol	Banquet		
							Adult	Jun	Ad	Jun	Men	Jun m	Men	Jun m	Women	Jun w	Adult	Adult			

_____*

 : Qualifications are open for IPC-Participants
 Adult: for both genders m/w

* for internal use only

