

ISCH Final Registrationform: Rifle Shooters

Teamname: _____

Nation: _____
(short)

Contact Person: _____

Name	First Name	year of birth yyyy	Official	Athlet	Deaf	gender m - men, w - female	Air Rifle		Team Ev.		SB 3x40		SB 3x40		SB prone		Weapon Import	Banquet
							Adult	Jun	Ad	Jun	Women	Jun w	Men	Jun m	Adult	Jun w		

* for internal use only *

*** : Qualifications are open for IPC-Participants

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Adult: for both genders m/w

