ISCH - Final Registration form: Handicapped Participants - rifle and visually impaired

Team No.: _____ **Contact Person:** _____

Team Name: _____ **E-Mail:** _____

Name	First Name	WSPS-Number	year of birth [yyyy]	gender m = men, w = female	left-handed	wheel-chair	chair	assistant	R1 men		R2 women		R3 m / w		R4 m / w		R5 m / w		R6 m / w		R7 men		R8 women		R9 m / w		R10 m/w	R11 m/w	VIS m / w		VIP m / w		weapon import
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* for internal use only

clear form