

ISCH - Final Registration form: ISSF Rifle Shooters



Team No.: _____

Contact Person: _____

Team Name: _____

E-Mail: _____

Name	First Name	year of birth [yyyy]	gender m = men, w = female	Official	Athlet	Deaf	10m Air Rifle				10m AR Team Event		50m 3Position				50m Prone				weapon import			
							Adult		Jun		Ad	Jun	Adult		Jun		Adult		Jun					
							Single	Team	Single	Team	Team	Team	Single	Team	Single	Team	Single	Team	Single	Team				

* for internal use only

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