

**ISCH - Final Registration form:**

**Handicapped Participants - pistol and trap**



Team No.: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Team Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name	First Name	WSPS-Number	year of birth [yyyy]	gender <small>m = men, w = female</small>	left-handed	wheel-chair	chair	assistant	P1		P2		P3		P4		P5		MTP	PT1		PT2		PT3		weapon import	
									men		women		m / w		m / w		m / w			m / w		m / w		m / w			
									Single	Team	Single	Team	Single	Team	Single	Team	Single	Team	Team	Single	Team	Single	Team	Single	Team		Single

\* for internal use only