InterShoot 2024

ENTRY - FORM

Name **C**ountry - **F**ederation:	

	Participants			Air Pistol					Air Rifle					Official		Weapon		
BIB *	Last Name	First Name	Date of birth dd/mm/yyyy	Men	Men Junior	Women	Women Junior	Team	Men	Men Junior	Women	Women Junior	Team	Chief of Delegation	Coach / Trainer	Manufacturer	Serial number	EMAIL * *

* To be completed by the organization

* * Needed for AirOShoot Invitation