

Date





please return

to Italian Sport Shooting

ENTRY FORM			piease by	return	Federation (FITAV)		
Please fill out and sign this form and send it to FITAV. Please use one form for each athlete			20 A	APR 12	FITAV Viale Tiziano, 74 00196 - Roma Phone: +39-06-45235214 Fax: +39-06-36858622 E-mail: internazionale@fitav.it		
Athlete information							
family name	first name						
country	nationality						
birth date	birth place						
residential address							
passport number	place of issue			Expiry date			
Licensed member of	Membership card no.						
	Standing			Sitting (wheelchair) □			
travel information							
arrival date	flight number	Int.I Airport		arrival time		carrier	
departure date				departure	time	carrier	
Date			Signatu	re of Athlete			

Federation

Signature and seal of representative of ISSF Member