**PRELIMINARY ENTRY FORM**

**Registration:** Dolnośląski Związek Strzelectwa Sportowego

 *WKS “Śląsk” Sekcja Strzelecka*

52-018 Wrocław, ul. Świątnicka 36

tel./fax: *0048713425455,* e-mail: *entries.wroclaw@gmail.com*

**Federation:** …………………………………………………………………..

**Address:** …………………………………………………………………..

**Contact person:** …………………………………………………………………..

**e-mail, Tel./Fax:** …………………………………………………………………..

|  |  |  |  |
| --- | --- | --- | --- |
|  | Men | Women | MIX |
| 3 Position  |  |  |  |
| Prone 60 OPEN |  |  |  |
| Air Rifle Men |  |  |  |
| Air Rifle Women |  |  |  |
| Air Rifle MIX |  |  |  |
| Air Pistol Women |  |  |  |
| Sport Pistol Women |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Men | Women | Total |
| **Shooters** |  |  |  |
| **Coaches** |  |  |  |
| **Others** |  |  |  |
| **Total** |  |  |  |

**Date:** ………………………… **Signature:**…………………………

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| **FIREARMS DECLARATION** |

***Organizer:*** *Dolnośląski Związek Strzelectwa Sportowego*

*WKS “Śląsk”Sekcja Strzelecka*

*52-018 Wrocław, ul. Świątnicka 36*

*Tel./fax 0048713425455 or e-mail:* *entries.wroclaw@gmail.com*

|  |  |
| --- | --- |
| Name of federation |  |
| Nation |  |
| Contact |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Surname, Name** | **Caliber** | **Gun** | **Manufakturer** | **Number** | **Ammunition** |
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**Date:** ………………………… **Signature:**…………………………

**NOTE: IMPORT OF WEAPON AND AMMUNITION**

**All nations that do not belong to the European Union must apply for the weapon and ammunition import permit in Polish Embassy/Consulate in their country.**

**FINAL ENTRY FORM**

*e-mail:* *entries.wroclaw@gmail.com*

**Federation:** …………………………………………………………………………………………………………..

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Surname, Name | SEX | Prone 60 OPEN | 3 Position Men | Air rifle Men | 3 Position Women | Air Rifle Women | Air Pistol Women | Sport Pistol Women |
| 1. |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |  |
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| 8. |  |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Sex** | **FAMILY NAME (Please use CAPITAL Letters)** | **First Name** | **Year of Birth** | **Air Rifle MIX** | **TEAM NAME** |
|
| Women |  |  |  |  |  |
| Men |  |  |  |
| Women |  |  |  |  |  |
| Men |  |  |  |
| Women |  |  |  |  |  |
| Men |  |  |  |
| Women |   |   |   |   |   |
| Men |   |   |   |
| Women |   |   |   |   |   |
| Men |   |   |   |

**Date:** ………………………… **Signature:**…………………………