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| Please email or fax to Organizing Committee at: echmaribor2015@shooting.si or +386 1 428 0583 |

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| FIREARM AND AMMUNITION FORM | Please return by | 18th JUN 2015 |
| Please return this form to the Organizing Committee.Please use one form for each athlete. |

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| Information |
| Family name |  | First name |  |
| Country |  | Nationality |  |
| Birth date |  | Birth place |  |
| Residential address |  |
| Passport number |  | Place of issue |  | Date of issue |  |

|  |
| --- |
| Firearms |
| Model | Manufacturer | Serial number | Gauge / Caliber |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Ammunition |
| Quantity | Manufacturer | Gauge / Caliber |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Spare parts | Manufacturer | Quantity |
| Barrels |  |  |  |
| Stocks |  |  |  |

|  |
| --- |
| Travel information |
| Arrival date | Flight number | Arrival time | Carrier |
|  |  |  |  |
| Departure date | Flight number | Departure time | Carrier |
|  |  |  |  |

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|  |  |  |
| Date |  | Signature of Team Leader |