

**EUROPEAN YOUTH LEAGUE**

**CHAMPIONSHIP**

 **BUDAPEST – HUNGARY**

**2nd – 6th October 2019**

***ATHLETES’ REGISTRATION LIST***

**Country: ……………………………………..**

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| **No.** | **Surname** | **Name** | **Date of birth** | **Gender (M/F)** | **Rifle/Pistol** |
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This form is to be sent back to the Organizing Committee

**until September 15, 2019**