|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please register online at:** [**http://entry.issf-sports.info**](http://entry.issf-sports.info) **(or exceptionally sent by e-mail to ISSF Headquarters** [**entry@issf-sports.info**](mailto:entry@issf-sports.info) **or use Fax to ISSF Headquarters +49-89-544355-44). Note:** By registered on-line, it is **NOT** necessary to send the completed Final Entry Form to the ISSF Headquarters as well. | | | | | | | | | |
| **FINAL ENTRY FORM** | | | **Officials** | | **Please return by January 26 2021** | | | | |
| Name of federation | | |  | | Nation code (3 latter code) | | |  | |
| Contact person | | |  | | Phone number | | |  | |
| E-mail address of contact person | | |  | | Fax number | | |  | |
|  | | | | | | | | | |
| **No** | **Gender**  **M - men W -women** | **Officials** | | | | **Date of birth** | | | **Position**  **(Please use legend below)** |
| **Family name** | | **First name** | | DD | MM | YY |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
|  |  |  | |  | |  |  |  |  |
| **Legend:**  Team Leader  Team Coach  Team Medical  Team Official  Media Person (for Media please use also “Media Accreditation Form”) | | | | | | | | | |