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| **FINAL ENTRY FORM** |
| **Name of federation:** |       |
| **Address:** |       |
| **Contact person:** |       |
| **Phone and Fax:** |             |
| **E-Mail address:** |       |
| **Officials:** |       |
|  |       |
|  |
| **Name** | **First Name** |  | **25m Center Fire Pistol** | **25m Standard Pistol** |
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