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