EUROPEAN CHAMPIONSHIP
SHOTGUN
LONATO DEL GARDA, ITA
15 MAY - 27 MAY 2024

ANNEX 3

Please Return By	Please fill in with all the required information (Participant, Travel and Firearm Information). Typed on PC Only! Handwriting Document or Fax transmission are NOT accepted.	Please email to Organizing Committee at: sara.fanciullacci@trapconcaverde.it	ANNEX 3
APR 15TH, 2024			

Participant Information										Travel Information											Firearm Information					
N°	Participating Country	Last Name & First Name	Gender (M/W)	Nationality	Fonction (Shooter/ Official)	Event (TR/SK/ TRMIX)	Date of Birth (DD/MM/YYYY)	Passeport Number	Date of Issue	Arrival Date	Time	Flight No.	Company	Airport	Hotel Name	Departure Date	Time	Flight No.	Company	Airport	Shotgun Quantity	Shotgun Manufacturer	Shotgun Model	Shotgun Gauge/ Caliber	Shotgun Serial No.	Remark
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