



<b>FEUILLE D'INSCRIPTION</b> <b>GRAND PRIX DE THAILANDE</b> <b>DE COMPAK SPORTING</b> <b>15 – 16 janvier 2025</b> Chiangmai ( <i>Thaïlande</i> )	<b>ENTRY FORM</b> <b>COMPAK SPORTING</b> <b>GRAND PRIX OF THAILAND</b> <b>15<sup>th</sup> – 16<sup>th</sup> January 2025</b> Chiangmai ( <i>Thailand</i> )
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N° de licence / *Federation membership number* : .....

Civilité / *Male or female*: .....

Nom / *Last name* : .....

Prénom / *First name*: .....

Date de naissance / *Date of birth* : .....

Adresse email personnelle : .....

Choisissez un Mot de Passe / chose a *Password* : .....

Adresse / *Address* : .....

Code Postal / *Postcode* : ..... Ville / *City* : .....

Etat / *State* : .....Pays / *Country* : .....

Nationalité / *Nationality* : .....

Téléphone / *Phone Number* : .....

Mobile : .....Fax : .....

**DIVERS / GUN AND AMMUNITION TO BE USED (*obligatoire*):**

Marque et modèle du fusil / *make and model of shotgun* .....

Calibre du fusil / *Caliber of shotgun* : .....

Longueur du canon du fusil / *Barrel length* : .....

Marque de cartouches à plomb préférée / *Favourite make of shotshells* :.....

**(\*) Je m'engage à souscrire directement ou par l'intermédiaire de ma fédération une assurance Responsabilité Civile Personnelle couvrant toutes garanties durant les entraînements et la compétition à laquelle je m'inscris.**

**Je confirme ne pas avoir de contre-indications médicales à la pratique des disciplines de tir FITASC.**

**(\*) I commit myself to subscribing directly or through my federation a Personal Civil Liability insurance covering any guarantee during the trainings and the competition which I enter. I confirm that I have no medical contraindications with the practice of the FITASC sport disciplines.**



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Nom / Name : .....

Prénom / First Name .....

**MONTANT DES ENGAGEMENTS / REGISTRATION FEE :**

Man, Senior, Veteran, Master, Dame / lady : 220,00 €  
Junior : 135,00 €

**ASSURANCE ANNULATION / CANCELLATION INSURANCE (voir page suivante / see next page)**

Man, Senior, Veteran, Master, Dame / lady : 19,80 €  
Junior : 12,15 €

**PAIEMENT / PAYMENT :**

MASTER CARD :       VISA :

**Numéro de la Carte de Crédit / Credit Card Number :**

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**Date d'expiration / Expiry date:**

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**3 derniers chiffres du cryptogramme mentionné au dos de la carte / The 3 last figures of the cryptogram on the back of the card:**

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Nom / Name : .....

Retourner les deux feuilles remplies / Send back both completed forms:

- par email / by email to : [fitasc@fitasc.com](mailto:fitasc@fitasc.com)

L'inscription sera effective dès que le paiement sera enregistré par la banque, et vous pourrez vérifier votre inscription sur le site Internet [www.fitasc.com](http://www.fitasc.com) .

The entry will be effective as soon as the payment is recorded by the bank, and you will be able to check your entry on web site [www.fitasc.com](http://www.fitasc.com).

**SIGNATURE :**



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### **XPLORASSUR INDIVIDUAL ALL JUSTIFIED REASONS CANCELLATION INSURANCE**

XPLORASSUR is the leader in travel insurance with over 5 million travelers insured worldwide each year.

Agreement No. EVT20245769 is intended for participants in sporting competitions organized under the aegis of the Fédération Internationale du Tir aux Armes Sportives de Chasse.

Individual ALL JUSTIFIED REASONS cancellation insurance covers you in the event of individual cancellation for serious personal reasons (serious illness, physical accident or death or any guaranteed random event that can be justified), or if the event is cancelled by the organizer in the event of force majeure.

It covers your registration fees up to a MAXIMUM of €500 (inc. VAT) WITHOUT ANY DEDUCTIBLE.

**IMPORTANT:** Individual ALL JUSTIFIED REASONS cancellation insurance can ONLY be taken out when you register online for the competition.

You will find details of cover and exclusions in the General Terms and Conditions of Insurance and a summary of the coverage in the Product Information Document (PID) at the following links:

[General Terms and Conditions of Insurance](#)  
[Product Information Document \(PID\)](#)

I do not wish to take out individual ALL JUSTIFIED REASONS cancellation insurance and I agree not being covered for the registration fee in the event of cancellation	<input type="checkbox"/>
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I wish to take out individual ALL JUSTIFIED REASON cancellation insurance for an amount of 19.80€ / 12,15 € (for Junior shooters)	<input type="checkbox"/>
Ville de naissance / <i>City of birth</i> : _____	
Pays de naissance / <i>Country of birth</i> : _____	
I acknowledge having read the General Terms and Conditions of Insurance and a summary of the coverage in the Product Information Document (PID)	<input type="checkbox"/>

**SIGNATURE :**