



TEAM ENTRY FORM

Federation

Individuals	1 st shooter	2 nd shooter	3 rd shooter	4 th shooter	5 th shooter	6 th shooter
Male or female						
Name						
First name						
Licence number						
Date of Birth						
Adress						
e-mail						
FITASC Password (*)						
Brand of shotgun						
Caliber of shotgun						
Barrel length						
Favourite brand of shotshells						
Brand of rifle						
Caliber of rifle						
Favourite brand of rifle bullets						
Brand of scope						

All the fields bellow have to be filled in. (*) to be mentioned if the shooter has created an account on the Fitasc web site

My federation guarantees that all above shooters are up to date with their membership fees.

My Federation confirms having read that Fitasc was no longer able to provide Civil Liability Insurance Personal for the shooters whom it wishes to enter at this competition. Also my National Federation is committed to ensuring that each of these shooters holds an Personal Civil Liability Insurance contract valid, covering all guarantees during training and competition to which it entered them.

Entry and payment request made (date)

Name & Signature

Team fee (€)		Number of shooters	Overall to pay (€)
			1 200,00

Credit card number (Master card or VISA)	
Expiry date (MM / YY)	
Last 3 digits	

To send back to FITASC by fax: +33 1 42 93 58 22 or by email fitasc@fitasc.com