

**TEAM ENTRY FORM (Minimum 5 shooters)**

Federation

Individuals	1 <sup>st</sup> shooter	2 <sup>nd</sup> shooter	3 <sup>rd</sup> shooter	4 <sup>th</sup> shooter	5 <sup>th</sup> shooter	6 <sup>th</sup> 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.

(\*) If my federation does not cover its shooters via a civil liability insurance policy for this championship, I agree to take out the mandatory insurance policy by 10€ / shooter.

Entry and payment request made (date)

Name &amp; Signature

Team fee (€)	Insurance fee, if necessary (*)	Number of shooters (minimum 5)	Overall to pay (€)
1 000,00	10 € / shooter		
Credit card number (Master card or VISA)			
Expiry date (MM / YY)			
Last 3 digits			

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