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| **FINAL ENTRY FORM** | | | | **Rifle/Pistol – Mixed Team** | | **Please return by** | | **11 MAR 2023** | | | |  |
| name of federation | |  | | | | nation code |  | | | | |  |
| contact person | |  | | | | phone number |  | | | | |
| e-mail address | |  | | | | fax number |  | | | | |
|  | | | | | | | | | | | | | |
| **no** | **athletes** | | | | | | | **date of birth** | | | **event / team** | | |
| **family name** | | **first name** | | **ISSF ID number** | | | **DD** | **MM** | **YY** |
|  |  | |  | |  | | |  |  |  | R3PMIX / Team 1 | | |
|  | |  | |  | | |  |  |  |
|  |  | |  | |  | | |  |  |  | R3PMIX / Team 2 | | |
|  | |  | |  | | |  |  |  |
|  | |  | |  | | |  |  |  |
|  |  | |  | |  | | |  |  |  | ARMIX / Team 1 | | |
|  |  | |  | |  | | |  |  |  |
|  |  | |  | |  | | |  |  |  | ARMIX / Team 2 | | |
|  |  | |  | |  | | |  |  |  |
|  |  | |  | |  | | |  |  |  | APMIX / Team 1 | | |
|  |  | |  | |  | | |  |  |  |
|  |  | |  | |  | | |  |  |  | APMIX / Team 2 | | |
|  |  | |  | |  | | |  |  |  |