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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 |
|  |  |  |  |  |  |  |