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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please send by e-mail to: info.wcbra2023@wcbra.com.br or exceptionally Fax to CBTE Headquarters at +55 21 2283-0522.** | | | | | | | | | | | | |
| **FINAL ENTRY FORM** | | | **Rifle/Pistol – Mixed Team** | | | **Please Return by** | | **07 Aug 2023** | | | **to CBTE Headquarters** | |
| Name of Federation | |  | | | | Nation Code |  | | | | Mr. Wissam Elias Maalouf  Brazilian Shooting Sport Confederation  Rua Miguel Couto 105 sala 922 – Centro  20070-030 Rio de Janeiro, RJ, Brazil  Phone: +55-21-22233313  Fax: +55-21-22830522  E-mail: [info.wcbra2023@wcbra.com.br](mailto:info.wcbra2023@wcbra.com.br)  Web: [www.wcbra.com.br](http://www.wcbra.com.br) | |
| 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** | |
|  |  | | |  |  | | |  |  |  | | ARMIX / Team 1 |
|  |  | | |  |  | | |  |  |  | |
|  |  | | |  |  | | |  |  |  | | ARMIX / Team 2 |
|  |  | | |  |  | | |  |  |  | |
|  |  | | |  |  | | |  |  |  | | APMIX / Team 1 |
|  |  | | |  |  | | |  |  |  | |
|  |  | | |  |  | | |  |  |  | | APMIX / Team 2 |
|  |  | | |  |  | | |  |  |  | |