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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** | | | | **Officials** | | **Please return by** | | | | | **12 Aug 2023** | | | | **to CBTE Headquarters** |
| Name of Federation | | |  | | | Nation Code | | |  | | | | | | Mr. Marcos Gonzalez  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 | | |  | | | | | |
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| **No** | **Gender**  **M=men W=women** | **Officials** | | | | | | **Date of Birth** | | | | | | **Position**  **(for identification please use legend below)** | |
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|  | | | | | | | **Legend:**  Team Leader  Team Coach  Team Medical Personnel  Team Official  Media Person | | | | | |  | For Media please use also “Media Accreditation Form” | | |