|  |
| --- |
| **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 GonzalezBrazilian Shooting Sport ConfederationRua Miguel Couto 105 sala 922 – Centro20070-030 Rio de Janeiro, RJ, BrazilPhone: +55-21-22233313Fax: +55-21-22830522E-mail: 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** | **Gender****M=men W=women** | **Officials** | **Date of Birth** | **Position****(for identification please use legend below)** |
| **Family Name** | **First Name** | **DD** | **MM** | **YY** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |
|  | **Legend:**Team LeaderTeam Coach Team Medical PersonnelTeam OfficialMedia Person |  | For Media please use also “Media Accreditation Form” |