



REGISTRATION FORM

2nd EUROPEAN CHAMPIONSHIP WITH RIFLE

17-18-19 JUNE 2016

"A.A.V. TORRE BACCELLI" – Fara in Sabina (RI)

Family name _____ Name _____

Date of birth _____ Place _____ Prov.

Address _____ N.

C.A.P. City _____ Country

Telephone _____ E-mail _____

Qualifica **Junior** from 16 to 20 years (born between January 1 1996 and December 31 2000) - **Lady** from 21 years (born before 1 January 1996)
(Jun – Lad – Sen – Vet) **Senior** from 21 to 59 years (born between January 1 1957 and December 31 1995) - **Veteran** from 60 years (born before 1 January 1957)

Rifles used:

<input type="checkbox"/> Running boar 50 mt.	Brand _____	Cal. _____
<input type="checkbox"/> 4 positions 100 mt.	Brand _____	Cal. _____
<input type="checkbox"/> Chamois 200 mt.	Brand _____	Cal. _____

Cartridges:

Brand _____
Brand _____
Brand _____

Sights: Brand _____ **Dresses:** Brand _____ **Accessories:** Brand _____

The 60,00 Euro payment has been executed through Bank payment on C/C n. 8763 IBAN IT 60 G 01005 03309 000000008763 SWIFT BIC: BNL I I TRR registered with Federazione Italiana Discipline Armi Sportive da Caccia A duplicate of the above payment is attached.

Insurance declaration
I the undersigned declare on my own responsibility, that I am covered by both accident insurance and RCT (third party responsibility) insurance.

Insurance request (€ 25,00)
I the undersigned ask to be given an accident and RCT (third party responsibility) insurance which will be into force for the duration of the competition. The 25.00 Euro payment has been executed through Bank payment on C/C n. 8763 IBAN IT 60 G 01005 03309 000000008763 SWIFT BIC: BNL I I TRR registered with Federazione Italiana Discipline Armi Sportive da Caccia. The duplicate of the above payment is attached.

Date

Firma _____

