



4° World Shooting Championship

Rifled Weapons & Smooth Bore Weapons
INDIVIDUAL REGISTRATION



INTERNATIONAL COMMITTEE SPORT SHOOTING AND HUNTING

First name _____ Last name _____ ;

Date of birth _____ ; Locality _____ Prov.

street resident _____ n°

postal code City _____ Prov.

cell phone _____ E-mail _____

Firearms license n° Validity until

Released by _____

Tape / N° insurance _____ ; Category (sen, vet, lady ecc) _____

Specialties (es. Rifled/Smooth) _____

I ask to participate in the Championship specified above, therefore I declare:

by signing this form, that I have verified the conformity of my firearm in the specialty in which I am asking to participate, that I assume all responsibility, for damage and accidents caused to people or things by cartridges I have reloaded, as well as for my negligence. Also committing myself to use all due precautions aimed at safeguarding one's own safety and the safety of others, therefore, accepting the Regulations in every point, assuming all responsibility in the event of a false declaration by raising the organization, the C.I.T.S.C. and the FIDASC from all responsibility in this regard. To have read, understood and unconditionally accepted the prescriptions indicated in the protocols for the containment of COVID-19 imposed by the regulations in force and by the shooting range hosting the event, not to be subjected to the quarantine measure or not to have tested positive for COVID-19, not to have come into contact with people declared positive in the last 15 days and not to show any symptoms associated with it, as well as not having a body temperature equal to or higher than 37.5 degrees, giving availability to control it at any time.

NB: In each phase of the Championship, checks on weapons and materials used for the conduct of the championship may be carried out, the responsibility of the compliance of the same with the regulations and solely and exclusively of the shooter.

Weapons and ammunition (only 2 weapons can be used for rifling – Suppressor non allowed)

Weapon brand _____ /Model _____ /Caliber _____ /

Original cartridges Reloaded cartridges * yes, I take responsibility as specified in the regulation.

Weapon brand _____ /Model _____ /Caliber _____ /

Original cartridges Reloaded cartridges * yes, I take responsibility as specified in the regulation.

Weapon brand _____ /Model _____ /Caliber _____ /

Original cartridges Reloaded cartridges * yes, I take responsibility as specified in the regulation.

NB: specify with YES / NO

Specify which firearm is equipped with Muzzle Brake / Flame Hider

Other _____

Date _____

Firma _____

check weapons and ammunition

Note: _____

The Delegate



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F.I.D.A.S.C.