

ISCH - Final Registration form: Handicapped Participants - pistol and trap



Team No.: _____

Contact Person: _____

Team Name: _____

E-Mail: _____

Name	First Name	WSPS-Number	year of birth [yyyy]	gender <small>m = men, w = female</small>	left-handed	wheel-chair	chair	assistant	P1		P2		P3		P4		P5		P6	PT1		PT2		PT3		weapon import	
									men		women		m / w		m / w		m / w		m/w	m / w		men		women			
									Single	Team	Single	Team	Single	Team	Single	Team	Single	Team	Team	Single	Team	Single	Team	Single	Team		Single

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* for internal use only