

Last Date : 10th October 2015

7th SOUTH ZONE SHOOTING CHAMPIONSHIP (Rifle / Pistol)
Kerala 2015
ENTRY FORM

Name of State Association / Unit _____

Name of Manager _____

SL. NO.	COMP. NO	NAME OF THE SHOOTERS	DATE OF BIRTH/ SHOOTER ID NO.	MATCH NOS.	DETAILS OF MQS ATTAINED (COMPETITION AND SCORE)	ENTRY FEE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Date:

Signature _____
President/Secretary S.R.A./Unit