

Last Date :10th July 2017

5th West Zone Shooting Championship 2016 (Shotgun)- Pune.
From 20th to 25th July 2017

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