|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please register on-line at:** [**http://entry.issf-sports.info**](http://entry.issf-sports.info)  **Note: If you registered on-line, it is NOT necessary to send the completed Final Entry Form to the ISSF Headquarters as well.** | | | | | | | | | | | | | | | |
| **FINAL ENTRY FORM** | | | | **Officials** | | **Please return by** | | | | | **12 SEP 2024** | | | | **to ISSF Headquarters** |
| name of federation | | |  | | | nation code | | |  | | | | | | Widenmayerstrasse 16  80538 Munich, Germany  Phone: +49-89-544355-0  Fax: +49-89-544355-44  E-mail: [marco.mori@issf-sports.org](mailto:marco.mori@issf-sports.org) |
| contact person | | |  | | | phone number | | |  | | | | | |
| e-mail address | | |  | | | fax number | | |  | | | | | |
|  | | | | | | | | | | | | | | | |
| **no** | **gender**  **M=men W=women** | **officials** | | | | | | **date of birth** | | | | | | **position**  **(for identification please use legend below)** | |
| **family name** | | | **first name** | | | **DD** | | **MM** | | **YY** | |
|  |  |  | | |  | | |  | |  | |  | |  | |
|  |  |  | | |  | | |  | |  | |  | |  | |
|  |  |  | | |  | | |  | |  | |  | |  | |
|  |  |  | | |  | | |  | |  | |  | |  | |
|  |  |  | | |  | | |  | |  | |  | |  | |
|  |  |  | | |  | | |  | |  | |  | |  | |
|  |  |  | | |  | | |  | |  | |  | |  | |
|  |  |  | | |  | | |  | |  | |  | |  | |
|  |  |  | | |  | | |  | |  | |  | |  | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | **Legend:**  Team Leader  Team Coach  Team Medical Personnel  Team Official  Media Person | | | | | |  | For Media please use also “Media Accreditation Form” | | |