



BALTIC CUP 2017

6 Final Entry Form

Please return by e-mail to gatis@saufed.lv / latsaufed@inbox.lv

Deadline: **29.04.2017**

Name of Federation

Nation

Contact Person

Phone Number

E-mail Address

Fax Number

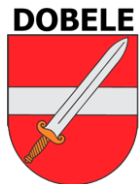
No.	Family name	First Name	Date of birth	MEN														
				RFPM	RFPMJ	FPM	FPMJ	AP60M	AP60MJ		FR60M	FR60MJ	FR3X40M	FR3X40MJ	AR60M	AR60MJ		

Organizing Committee:
Latvian Shooting federation
reg.nr. LV40008024596

address: Cieceres str.9
city: Riga
country: Latvia

tel./fax: +371 67612311
e-mail: latsaufed@inbox.lv
homepage: www.saufed.lv

iban: LV71TREL915360000000
bank: The Treasury bank,
swift: TRELLV22



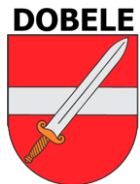
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No.	Family name	First Name	Date of birth	WOMEN										
				SPW	SPWJ	AP40W	AP40WJ	FR60W	FR60WJ	FR3X20W	FR3X20WJ	AR40W	AR40WJ	

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