

TEAM APPLICATION FORM FOR RIFLES AND AMMUNITION

Please e-mail this application to office@biathlon-pokljuka.com.

NATIONAL FEDERATION	
Date of Border Crossing:	
Approx. Time of Border Crossing:	
Border Crossing Point:	
RESPONSIBLE PERSON:	
Responsible Person's Address:	
Nationality:	
E-mail and phone:	

#	Family Name	First Name	Date of Birth (dd.mm.yyyy)	Rifle			Ammunition		
				Model	Cal.	Serial No.	Model	Cal.	Quantity
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									

Date:		Signature:	
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Please note that if you will not cross border together as group, than each individual must fill in this form (when you travel in different cars together you fill in just one form).