



**III. IPSC DELTA HS/XD CUP
ZAGREB - CROATIA
13.-14. SEPTEMBER 2008**

INDIVIDUAL REGISTRATION FORM

Please use block letters

Family Name.....

First name

Address.....

Birth date

☎ Fax

E-mail

IPSC REGION (COUNTRY).....TEAM.....

Please mark the corresponding boxes

LADY	<input type="checkbox"/>	JUNIOR	<input type="checkbox"/>	SENIOR	<input type="checkbox"/>	S.SENIOR	<input type="checkbox"/>
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Weapon category (put x in the field)

Pro.	<input type="checkbox"/>	Stan.	<input type="checkbox"/>	Mod.	<input type="checkbox"/>	Open	<input type="checkbox"/>	St.Rev.	<input type="checkbox"/>
	<input type="checkbox"/>	Min.	<input type="checkbox"/>	Min.	<input type="checkbox"/>	Min.	<input type="checkbox"/>	Min.	<input type="checkbox"/>
	<input type="checkbox"/>	Maj.	<input type="checkbox"/>	Maj.	<input type="checkbox"/>	Maj.	<input type="checkbox"/>	Maj.	<input type="checkbox"/>

Date..... Shooter signature

Please send your Entry Form directly to this personal e-mail address:

dubravko.gvozdanic@zg.t-com.hr

IPSC Region Director : Name

Signature.....Stamp