



ASIAN SHOOTING CONFEDERATION
13TH ASIAN YOUTH TRAINING CAMP - AIR PISTOL, SKEET, TRAP
21-28 JUN 2025 ALMATY, KAZ



REGISTRATION FORM FOR ATHLETE

(Please submit passport copies (valid for more than six months at the time of entry to Kazakhstan) of the participants along with this Form by no later than **01-APR-2025**)

Family name _____ First Name _____ D.O.B. _____
Place of birth _____ Nationality _____ Gender _____
Passport # _____ Place of Issue _____ Date of expiry _____
Contact email _____ Mobile # _____

Please specify in which discipline athlete will participate:

(AIR PISTOL, SKEET OR TRAP) _____

Practicing shooting since (year, month): _____

Personal best in competitions (qualification scores, comp. ranking):

| Year | Name of competition | Event | Achievement |
|------|---------------------|-------|-------------|
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Personal Gun(s)

| | <u>Gun 1</u> | | <u>Gun 2</u> |
|------------------------------------|--------------|------------------------------------|--------------|
| Type (Shotgun or Air Pistol) | _____ | Type (Shotgun or Air Pistol) | _____ |
| Manufacturer | _____ | Manufacturer | _____ |
| Model | _____ | Model | _____ |
| Serial number | _____ | Serial number | _____ |
| Caliber | _____ | Caliber | _____ |
| Special barrel or trigger | _____ | Special barrel or trigger | _____ |

TO BE FILLED IN BY THE NATIONAL SHOOTING FEDERATION

Name of National Federation:

Name and Title of Authorizing Person:

Email Address of Federation:

Mobile Number of Authorizing Person:

Signature & Seal:



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REGISTRATION FORM FOR COACH

(Please submit passport copies (valid for more than six months at the time of entry to Kazakhstan) of the participants along with this Form by no later than **01-APR-2025**)

Family name _____ **First Name** _____ **D.O.B.** _____
Place of birth _____ **Nationality** _____ **Gender** _____
Passport # _____ **Place of Issue** _____ **Date of expiry** _____
Contact email _____ **Mobile #** _____

Specialization (AIR PISTOL, SKEET OR TRAP): _____

Present position related to the Shooting Sport _____

Achievements in Shooting Sport as athlete (Personal best):

| Year | Name of competition | Event | Achievement |
|------|---------------------|-------|-------------|
| | | | |
| | | | |
| | | | |

Achievements in Coaching:

Position: _____

| Year | Name of athlete | Event | Name of competition | Category | Achievement |
|------|-----------------|-------|---------------------|----------|-------------|
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| | | | | | |

Position: _____

| Year | Name of athlete | Event | Name of competition | Category | Achievement |
|------|-----------------|-------|---------------------|----------|-------------|
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| | | | | | |
| | | | | | |

Position: _____

| Year | Name of athlete | Event | Name of competition | Category | Achievement |
|------|-----------------|-------|---------------------|----------|-------------|
| | | | | | |
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TO BE FILLED IN BY THE NATIONAL SHOOTING FEDERATION

Name of National Federation: _____

Name and Title of Authorizing Person: _____

Email Address of Federation: _____

Mobile Number of Authorizing Person: _____

Signature & Seal: _____