



























A.S.D. TIRO A VOLO UMBRIAVERDE VOCABOLO SCOPPIO, 80 / 06056 MASSA MARTANA, PERUGIA, ITALY

ENTRY	PLEASE	PLEASE
FORM	RETURN WITHIN	RETURN TO
THIS FORM MUST BE SENT BACK BY E-MAIL	31TH MAY 2025	UMBRIAVERDE SPORTING @GMAIL.COM

FAMILY NAME	
FIRST NAME	
COUNTRY	
ADDRESS	
TELEPHONE	
E-MAIL	

EVENT (PLEASE TICK THE COMBINATION)	TRAP EMIR CUP	SKEET EMIR CUP
MEN ID		
MEN NO ID		
VETERANS		
JUNIOR MEN		
PARALYMPIC		
LADIES		
JUNIOR LADY		
MIXED TEAM		
TEAM MEN		
TEAM LADIES		

DATE	SIGNATURE
DAIL	SIGNATURE



VISA APPLICATION FORM			
NAME OF FEDERATION	NATION		
CONTACT PERSON	PHONE NUMBER		
EMAIL ADDRESS			
ITALIAN CONSULATE WHERE VISA WIL	L BE APPLIED FOR		
ARRIVAL DATE	DEPARTURE DATE		
PURPOSE OF THE VISIT TO ITALY	*		
DESTINATION IN ITALY (TOWN AND SH	OOTING RANGE)		
HOTEL (NAME AND ADDRESS)			

Family name	First name	Date of birth	Passport number	Expiry date	Role
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[□] I have read and understood the FITAV's privacy policy (https://www.fitav.it/privacy-policy/) and I consent to the processing of my personal data indicated above (If you don't check the box, we can't go ahead with the request).

NOTE: The present Form must be sent together with copies of the passports, clearly indicating who will be responsible for travel, accommodation, food and medical expenses