



Registration Form Friendship Match 2012

First name: _____ Family name: _____

Address: _____ ZIP and City: _____

Country: _____

E-mail-address: _____ mobile phone number: _____

	Class	Participation		Spotter	Preferred Shooting time			
		YES	NO		Morning 18.05.12	Afternoon 18.05.12	Morning 19.05.12	Afternoon 19.05.12
SB Revolver								
SB Production								
SB Standing								
SB Unlimited								
FP Production								
FP Any Sight								

Class: Please indicate INT, A or B
Participation: Please cross or tick Yes or no

Name of Spotter: Please fill in the name of your spotter
Preferred shooting time: Please cross or tick your preference

Please send the filled in form **latest as of February 15, 2012** to **Bernhard Paolini, Postfach 112, CH-8162 Steinmaur,**
Fax +41 44 854 03 31, president@vsms.org