



ASIAN SHOTGUN CHAMPIONSHIPS 2024
KUWAIT, 12 - 23 January 2024



PRELIMINARY ENTRY FORM		please return by	12 NOV 2023
name of federation	nation		
contact person	phone number		
e-mail address	fax number		

ATHLETES			
event men	number of starts	event women	number of starts
Trap Men		Trap Women	
Skeet Men		Skeet Women	
Trap Junior Men		Trap Junior Women	
Skeet Junior Men		Skeet Junior Women	
Mixed Event			
Skeet Mixed Team			
Trap Mixed Team			

Total number of athletes _____

ORGANIZING COMMITTEE

Contact Person : Secretary General – Kuwait Shooting Federation

Phone: **+(965) 1840040**

+ (965) 24670061/2

Fax: **+(965) 24670055**

E-mail: **asckuw2024@gmail.com**

Website: **www.kssf.com.kw**



PRELIMINARY HOTEL ENTRY FORM		please return by 12 NOV 2023
name of federation	nation	
contact person	phone number	
e-mail address	fax number	

hotel choice	no	please indicate the hotel in order of preference
	1	
	2	
	3	

room choice	room type	number of rooms
	single	
	double/twin	
	Triple	
four		

Organizing Committee
<p>Contact Person : Secretary General – Kuwait Shooting Federation Phone: +(965) 1840040 + (965) 24670061/2 Fax: +(965) 24670055 E-mail: asckuw2024@gmail.com Website: www.kssf.com.kw</p>



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KUWAIT, 12 - 23 January 2024



FINAL ENTRY FORM		Officials	please return by	12 DEC 2023	to Organizing Committee
name of federation		nation code		Contact Person : Secretary General City, Country : Kuwait Phone: +(965) 1840040 Fax: +(965) 24670055 E-mail: asckuw2024@gmail.com Website: www.kssf.com.kw	
contact person		phone number			
e-mail address		fax number			

no	gender M=man W=woman	officials		date of birth			positions (for identification please use legend below)
		family name	first name	DD	MM	YY	

Legend:
 Team Leader
 Team Coach
 Team Medical Personnel
 Team Official
 Media Person

For Media please use also "Media Accreditation Form"



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KUWAIT, 12 - 23 January 2024



Please Return By	Please fill in with all the required information (Participant, Travel and Firearm information). Typed on PC Only! Handwriting Document or Fax transmission are NOT accepted.	Please email to Organizing Committee at: askuw2024@gmail.com	Annex 3-4
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Participant Information										Travel Information										Firearm Information							
N°	Participating Country	First Name & Last Name	Gender (M/W)	Nationality	Function (Shooter/ Official)	Event (TR/SK/TRMX/SK MIX)	Date of Birth (DD/MM/YYYY)	Passeport Number	Date of Issue	Arrival Date	Time	Flight No.	Company	Airport	Hotel Name	Departure Date	Time	Flight No.	Company	Airport	Shotgun Quantity	Shotgun Manufacturer	Shotgun Model	Shotgun Gauge	Shotgun Serial No.	Remark	
1																											
2																											
3																											
4																											
5																											
6																											
7																											
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19																											
20																											
21																											
22																											



FINAL TRAVEL FORM	please return by	to Organizing Committee
name of federation	12 DEC 2023	Contact Person : Secretary General City, Country : Kuwait Phone: +(965) 1840040 + (965) 24670061/2 Fax: + (965) 24670055 E-mail: asckuw2024@gmail.com Website: www.kssf.com.kw

1. travel information						
arrival			departure			
airport	rail	car	airport	rail	car	
date			date			
time			time			
flight no.			flight no.			
from (airport)			from (airport)			
no. of persons			no. of persons			

2. eventual travel information						
arrival			departure			
airport	rail	car	airport	rail	car	
date			date			
time			time			
flight no			flight no			
from (airport)			from (airport)			
no. of persons			no. of persons			

3. eventual travel information						
arrival			departure			
airport	rail	car	airport	rail	car	
date			date			
time			time			
flight no			flight no			
from (airport)			from (airport)			
no. of persons			no. of persons			

Local transfer from airport to the official hotel(s) and back at arrival / departure is required?

YES NO



FINAL HOTEL RESERVATION FORM	please return by	to Organizing Committee
name of federation	12 DEC 2023	Contact Person : Secretary General City, Country : Kuwait Phone: +(965) 1840040 +(965)24670061/2 Fax: +(965) 24670055 E-mail: asckuw2024@gmail.com Website: www.kssf.com.kw

hotel choice	no	please indicate the hotel in order of preference
	1	
	2	
	3	

room choice	room type	number of rooms	number of nights	day of arrival	day of departure	
	single					
	double twin					
	triple					
	four					

Note: Organizing Committee will assist in hotel booking.
 - All payments should be done directly to hotel upon arrival.

Date

Signature of Team Leader



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FINAL ROOMING LIST FORM	please return by	to Organizing Committee
name of federation	12 DEC 2023	Contact Person : Secretary General City, Country : Kuwait Phone: +(965) 1840040 +(965)24670061/2 Fax: +(965) 24670055 E-mail: asckuw2024@gmail.com Website: www.kssf.com.kw

hotel

single				
no	name	check in date	check out date	number of nights

double / twin				
no	name	check in date	check out date	number of nights

triple				
no	name	check in date	check out date	number of nights

ANNEX 7



VISA SUPPORT FORM		please return by	20 NOV 2023
name of federation			nation
contact person			phone number
e-mail address			fax number

no	family name	first name	date of birth	passport number	issue on	issue by

Note: Please send Passport Copies Electronically for all the participant need visa.

_____ Date

_____ Signature of Team Leader

Organizing Committee
<p>Contact Person : Secretary General – Kuwait Shooting Federation Phone: +(965) 1840040 +(965)24670061/2 Fax: +(965) 24670055 E-mail: asckuw2024@gmail.com Website: www.kssf.com.kw</p>



FIREARM AND AMMUNITION FORM	please return by	to Organizing Committee
<p>Please fill out and sign this form and fax it <u>together with a copy of the athlete's passport to the Organizing Committee.</u> <u>Please use one form for each athlete.</u></p>	<p>20 NOV 2023</p>	<p>Contact Person : Secretary General City, Country : Kuwait Phone: +(965) 1840040 +(965)24670061/2 Fax: +(965) 24670055 E-mail: asckuw2024@gmail.com Website: www.kssf.com.kw</p>

information		
family name		first name
country		nationality
birth date		birth place
residential address		
passport number	place of issue	date of issue

firearms			
model	manufacturer	serial number	gauge / caliber

ammunition			
quantity	manufacturer	serial number	gauge / caliber

	spare parts	manufacturer	quantity
barrels			
stocks			

travel information			
arrival date	flight number	arrival time	carrier
departure date	flight number	departure time	carrier

Date

Signature of Athlete



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Names and personal data of the participants

No	Full Name	Passport No	Function in the team	Photo
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Note: Please make extra copy



MEDIA ACCREDITATION FORM	please return by	to Organizing Committee
name of federation	20 Nov 2023	Contact Person : Secretary General City, Country : Kuwait Phone: +(965) 1840040 +(965)24670061/2 Fax: +(965) 24670055 E-mail: asckuw2024@gmail.com Website: www.kssf.com.kw

Please check the applicable media:	TV	RADIO	AGENCY	MAGAZINE	PHOTO	JOURNALIST	OTHERS

information	
family name	first name
media	
AIPS member and card no.	yes: no: card number
passport number	place of issue date of issue
address	
phone number	fax number
mobile number	e-mail address
e-mail address	
comments	

hotel

travel information						
arrival			departure			
airport	rail	car	airport	rail	car	
date			date			
time			time			
flight no			flight no			
from (airport)			from (airport)			

Local transfer from airport to the official hotel(s) and back at arrival / departure is required?

YES

NO

Date

Signature of Team Leader