

Please email to Organizing Committee at:

oc.kazssf@gmail.com

PRELIMINARY HOTEL FORM	Please return by 02 JUN 2025
name of federation	nation
contact person	phone number
e-mail address	fax number

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

	room type	number of rooms
room	single	
choice	double/twin	
	suite	

Organizing Committee

Organizing Committee:
Kazakhstan Sport Shooting Federation
43, Zhibek Zholi street, Shymkent city, 160000
The Ministry of Culture and Sports of the Republic of Kazakhstan

E-mail: oc.kazssf@gmail.com





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*** PLEASE SEND THE SCAN COPIES OF PASSPORTS OF ALL PARTICIPANTS ALONG WITH THIS APPLICATION

FINAL ENTRY FORM	Rifle/Pistol/SH/RT – Individual, Team & Mixed Team	Please return by 17 JUL 2025	to Organizing Committee
name of federation		nation code	Kazakhstan Sport Shooting Federation
contact person		phone number	43, Zhibek Zholy str., Shymkent, 160000 The Ministry of Clulture and Sports of the Republic of
e-mail address		fax number	Kazakhstan E-mail: oc.kazssf@gmail.com

	Please fill "X" for respective event / for Team participation "T" next to X													
	Athletes (Youth Events Only)			date of birth Rifle		Pistol		Shotgun						
no	family name	first name	ISSF ID number	DD	ММ	YY	AR M	AR W	AP M	AP W	Тгар М	Trap W	Skeet M	Skeet W

No	Family Name	First Name	ISSF ID number	DD	мм	YY	Team Events - Junior
							ARMIXY / Team 1
							ARMIXY / Team 2
							APMIXY / Team 1
							APMIXY / Team 2
							TRMIXY / Team 1
							TRMIXY / Team 2
							SKMIXY / Team 1
							SKMIXY / Team 2

Date	Signature of Team Leader



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FINAL TRAVEL FORM	Please return by	Organizing Committee
name of the federation	4= 1111 000=	Kazakhstan Sports Shooting Federation 43 Zhibek Zholi Street, Shymkent, 160000 The Ministry of Culture and Sports of the Republic of Kazakhstan
		E-mail: oc.kazssf@gmail.com

						ARRIVAL				DEPARTURE			
No.	Nat.	Position	ISSF ID	Family Name	Given Name	to	hymknet (CIT) /	Almaty (ALA)	/ Astana (NQ	from	hymknet (CIT)	Almaty (ALA)	/ Astana (NQ
						(airport)	Date	Time	Flight No.	(airport)	Date	Time	Flight No.
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

Local transfer from the Shymkent Internation Airport (CIT) to the official hotel and back at arrival / departure is required?

	Date	
	No	
\sqcup	Yes	



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Note:

*** PLEASE SEND THE SCAN COPY OF PASSPORT OF THE APPLICANT

FINAL HOT RESERVAT		FORM	Please ret	urn by	to (Organizing C	ommittee
name of federation		02 JUL 2	2025	43, Z 1600 The I the F	khstan Sport Sho hibek Zholi street 00 Ministry of Culture tepublic of Kazak nil: oc.kazssf@gm	, Shymkent city, e and Sports of hstan	
	no	Please	indicate the	hotel in	orde	r of preferer	ice
hotel	1						
choice	2						
	3						
					- (do of	day of

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

Date	Signature of Team Leader

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hotel

FINAL ROOMING LIST FORM	Please return by	to Organizing Committee
name of federation	02 JUL 2025	Kazakhstan Sport Shooting Federation 43, Zhibek Zholi street, Shymkent city, 160000 The Ministry of Culture and Sports of the Republic of Kazakhstan E-mail: oc.kazssf@gmail.com

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

dou	ıble / twin			
no	name	check in date	check out date	number of nights
			_	

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VISA SUPPORT FORM	Please return by 02 JUL 2025	to Organizing Committee		
name of federation	nation code	Kazakhstan Sport Shooting Federation		
contact person	phone number	43, Zhibek Zholy str., Shymkent, 160000 The Ministry of Clulture and Sports of the		
e-mail address	fax number	Republic of Kazakhstan E-mail: oc.kazssf@gmail.com		

Family Name	First Name	Gender	Date & Place of Birth	Nationality & Citizenship	Passport Number	Date of Issue/ Expiry Date	Place of Work and Position	Address (NOC, Country, Address)	City/Country (Place of Application/ Collection of Visa)	Visa Duration
Example	Example	М	25.05.1985 Almaty	Kazakhstan	N12322480	22.08.2019 22.08.2029	Kazakhstan Sports Shooting Federation, coach	KAZ, Kazakhstan, 43 Zhybek Street, Almaty	Rome/Italy	24.07.2022 10.08.2022

Date	•	Signature of Team Leader



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FIREARM AND AMMUNITION FORM	Please return by	to Organizing Committee
Please fill out, sign this form and send it to the Organizing Committee. <u>Please use one form for EACH athlete.</u>	17 JUL 2025	Kazakhstan Sport Shooting Federation 43, Zhibek Zholi street, Shymkent city, 160000 The Ministry of Culture and Sports of the Republic of Kazakhstan Phone: +7 (7252) 530453 Fax: +7 (7252) 530453 E-mail: oc.kazssf@gmail.com

athlete.	omi ioi LAOII	F	Fax: +7 (7252) 530453 E-mail: <u>oc.kazssf@gmail.com</u>
information			
family name		first name	
country		nationality	
date of birth		place of birth	
residential address			
passport		ce of	date of
number		issue	expiry
firearms			
manufacturer	model	serial number	gauge / caliber
			L
	manufacturer		quantity
barrels			
stocks			
Trigger mechanism			
			·
travel informati			
arrival date	flight number	arrival time	carrier
	40.1		
departure date	flight number	departure time	carrier
Note:			
Date	<u> </u>	Signature of Ath	lete OR Legal Representative



Please email to Organizing Committee at: oc.kazssf@gmail.com

Date

oc.kazss	<u>r@gr</u>	naii.com									
MEDIA ACCREI	DITA [.]	TION FOR	RM	Ple	ease r	eturn k	ру	to C	Organizing (Coi	mmittee
name of federation					25 JUL 2025			Kazakhstan Sport Shooting Federation 43, Zhibek Zholi street, Shymkent city, 160000 The Ministry of Culture and Sports of the Republic of Kazakhstan E-mail: oc.kazssf@gmail.com			
Please	TV	RADIO	AGE	NCY	MAGA	AZINE PHOTO JOURNALIST OT			OTHERS		
check the applicable media:	IV	RADIO	AGE	INC 1	WAG	AZINE	РП	010	JOURNALIS [*]		OTHERS
informat	ion										
family	name					first nan	ne				
r	nedia										
AIPS me and car		yes	no		card number						
passport nu					place of issue date of expiry						
	dress										
phone nu							x nun				
mobile nu						e-mai	l add	ress			
comr	nents										
hotel											
HOLEI											
travel in	form	ation									
arrival						depart	ure				
airpo	ort	rail		car		6	airpor	t	rail	cai	•
da	te						date	Э			
tim	ne						time	Э			
flight n	Ο.					flig	ht no				
from (airpo	rt)					from (a	irport)			
Local trans	sfer fro	om airport t	o the c	_		s) and ba		it arriv	al / departure i	s re	equired?

Signature of Team Leader