

ASIAN SHOOTING CONFEDERATION

13TH ASIAN YOUTH TRAINING CAMP - AIR PISTOL 11-20 AUG 2025 SHYMKENT, KAZ



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 07-JUL-2025)

Family name		First Name		D.O.B.				
Place of birth		Nationality		Gender				
		Place of		Date of				
Passport #		Issue		expiry				
Contact email				Mobile #				
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			
Position:								
Year	Name of athlete	Event	Name of competition	Category	Achievement			
Position:								
Year	Name of athlete	Event	Name of competition	Category	Achievement			
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:								



ASIAN SHOOTING CONFEDERATION

13TH ASIAN YOUTH TRAINING CAMP - AIR PISTOL 11-20 AUG 2025 SHYMKENT, 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 07-JUL-2025)

Family name	First Name		D.O.B.					
Place of birth	Nationality		Gender					
Passport#	Place of Issue	Date of expiry						
Contact email	ting since (year month):							
Practicing shooting since (year, month): Personal best in competitions (qualification scores, comp. ranking):								
Year	Name of competition	Achievement						
rear	Name of competition	Event	Admicvement					
Personal Gun(s) Gun 1 Gun 2								
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								
Mobile Number of Authorizing Person:								
	·							
Signature & Sea	ıl:							