

Please email to the Organizing Committee: antonellab@olympic.qa - dimaa@olympic.qa

PRELIMINARY HOTEL FORM	Please return by 12 NOV 2025
name of federation	country
contact	phone
person	number
e-mail	mobile
address	number

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

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



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FINAL HOTEL RESERVATION FORM	Please return by 12 DEC 2025
name of federation	country
contact	phone
person	number
e-mail	mobile
address	number

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

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

Date	Signature of Team Leader



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hotel

FINAL ROOMING LIST	Please return by 12 DEC 2025
name of federation	country
contact person	phone number
e-mail address	mobile number

sin	gle			
no	family name, first name	number of nights	day of arrival	day of departure
				İ

dou	double / twin				
no	family name, first name	number of nights	day of arrival	day of departure	
				_	

trip	triple				
no	family name, first name	number of nights	day of arrival	day of departure	



Please email to the Organizing Committee: antonellab@olympic.qa

FINAL TRAVEL FORM	Please return by 12 DEC 2025
name of federation	country
contact	phone
person	number
e-mail	mobile
address	number

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

2. travel information			
arrival	departure		
airport	airport		
date	date		
time	time		
flight no.	flight no.		
from (airport)	to (airport)		
no. of persons	no. of persons	•	

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

Local transfer from airport to the official hotel(s) and back at arrival / departure is required?
\square YES \square NO



Please email to Organizing Committee:

shooting@olympic.qa - antonellab@olympic.qa

VISA SUPPORT FORM Requests will be processed only if received within the deadline.	Please return by 12 DEC 2025
name of federation	nation
contact person	phone number
e-mail address	fax number

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

Visa requests will be processed only if accompanied by the following documents:

- 1- A clear scanned copy of the data page of the passport including the machine-readable zone (MZR) at the bottom, not exceeding 2MB.
- 2- A **colored passport size photograph** (white background) for each applicant, not exceeding 2MB.
- 3- Contact number and email address of the applicant or Federation.

4- All documents must be in JPG format (not PDF).

Date	Signature of Team Leader



Please email to Organizing Committee: shooting@olympic.qa; antonellab@olympic.qa

FIREARM AND	Please	To Organizing
AMMUNITION FORM	return by	Committee
Please fill out this form and send it to the Organizing Committee. Please use one form for each athlete.	12 DEC 2025	Lusail Shooting Complex Zone 70, Street 1706, Building 88 -Doha, Qatar Ph.: +974 44953114 E-Mail: shooting@olympic.qa antonellab@olympic.qa

information			
family name	first na	ame	
country	nation	ality	
date of birth	place of l	birth	
residential address			
passport	place of	date of	
number	issue	expiry	

firearms			
manufacturer	model	serial number	gauge / caliber

Spare parts	manufacturer	quantity
barrels		
stocks		
trigger mechanism		

ammunition			
manufacturer	quantity	gauge / caliber	

TRAVEL	INFORMATION			
Arrival		Departure		
date		date		
time		time		
flight no.	from	flight no.	to	

Date	Signature of Athlete OR Legal Representative



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MEDIA ACCREDITATION FORM	Please return by	To Organizing Committee
name of federation	12 DEC 2025	Lusail Shooting Complex Zone 70, Street 1706, Building 88 -Doha, Qatar Ph.: +974 44953114 E-Mail: shooting@olympic.qa antonellab@olympic.qa

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

Information					
family name		first name			
Media					
AIPS member and card no.	yes	no	card number		
passport number			place of issue	date of expiry	
address					
phone number			fax number		
mobile number	e-mail address		_		
comments					

hotel		

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

Date	Signature of Team Leader