



POWERED BY SHOOTING DATA

# ITALIAN OPEN GREEN CUP

29<sup>TH</sup> JUNE – 12<sup>TH</sup> JULY

A.S.D. TIRO A VOLO UMBRIA VERDE  
VOCABOLO SCOPPIO 80 / 05056 MASSA MARTANA PERUGIA, ITALY



ENTRY FORM	PLEASE RETURN WITHIN	PLEASE RETURN TO
<b>THIS FORM MUST BE SENT BACK BY E-MAIL</b>	<b>25TH JUNE 2025</b>	<b>UMBRIAPERUGIA SPORTING @GMAILCOM</b>

FAMILY NAME	
FIRST NAME	
COUNTRY	
ADDRESS	
TELEPHONE	
E-MAIL	

EVENT (PLEASE TICK THE COMBINATION)	TRAP ITALIAN OPEN GREEN CUP	SKEET ITALIAN OPEN GREEN CUP
<input type="checkbox"/> MEN ID		
<input type="checkbox"/> MEN NO ID		
<input type="checkbox"/> VETERANS		
<input type="checkbox"/> JUNIOR MEN		
<input type="checkbox"/> PARALYMPIC		
<input type="checkbox"/> LADIES		
<input type="checkbox"/> JUNIOR LADY		
<input type="checkbox"/> MIXED TEAM		
<input type="checkbox"/> TEAM MEN		
<input type="checkbox"/> TEAM LADIES		

DATE	SIGNATURE
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## CONTACTS

(+39) 338 382 3557

UMBRIAPERUGIA@GMAIL.COM  
WWW.UMBRIAPERUGIA.SHOOTINGRANGEIT

## VISA APPLICATION FORM

NAME OF FEDERATION	NATION
CONTACT PERSON	PHONE NUMBER
EMAIL ADDRESS	
ITALIAN CONSULATE WHERE VISA WILL BE APPLIED FOR	
ARRIVAL DATE	DEPARTURE DATE
PURPOSE OF THE VISIT TO ITALY	
DESTINATION IN ITALY (TOWN AND SHOOTING RANGE)	
HOTEL (NAME AND ADDRESS)	

I have read and understood the FITAV's privacy policy (<https://www.fitav.it/privacy-policy/>) and I consent to the processing of my personal data indicated above (If you don't check the box, we can't go ahead with the request).

NOTE: The present Form must be sent together with **copies of the passports**, clearly indicating who will be **responsible** for travel, accommodation, food and medical expenses