



**FAZZ'A**  
**ITALIAN OPEN**  
**GREEN CUP**  
in Shotgun  
Trap - Skeet - Double Trap  
19 - 30 May 2016  
Umbriaverde Sporting & Resort  
Todi, ITALY



<b>ENTRY FORM</b>	<b>Please return by</b>	<b>To Umbriaverde Sporting &amp; Resort</b>
This Form must be sent by currier mail or e-mail.	<b>10 May 2016</b>	Vocabolo scoppio,80 06056 Massa Martana (PG) ITALY Tel. +39 0759975424 (and press 1) Fax. +39 0742510251 <a href="mailto:umbriaverdesporting@gmail.com">umbriaverdesporting@gmail.com</a> <a href="http://www.umbriaverdeshootingrange.com">www.umbriaverdeshootingrange.com</a>

FAMILY NAME	
FIRST NAME	
COUNTRY	
ADDRESS	
TELEPHONE	
FAX	
E-MAIL	

EVENT	TRAP	SKEET	DOUBLE TRAP
Please Tick			

Date	Signature
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	<p><b>FAZZ'A</b>  <b>ITALIAN OPEN</b>  <b>GREEN CUP</b>  in Shotgun  Trap - Skeet - Double Trap  19 - 30 May 2016  Umbriaverde Sporting &amp; Resort  Todi, ITALY</p>	
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VISA REQUEST FORM	Please return by	To FITAV (Italian Shooting Federation)
<p>Please fill out and sign this form and send it by courier mail or e-mail together with a copy of the passport.</p>	<p><b>15 April 2016</b></p>	<p>Federazione Italiana Tiro a Volo  Viale Tiziano, 74  00196 (Roma)ITALY  Tel. 0039 06 45235200  Fax 0039 06 3233791  <a href="mailto:info@fitav.it">info@fitav.it</a>  <a href="mailto:l.minelli@fitav.it">l.minelli@fitav.it</a>  <a href="http://www.fitav.it">www.fitav.it</a></p>

FAMILY NAME	
FIRST NAME	
COUNTRY	
NATIONALITY	
BIRTH DATE	
PLACE OF BIRTH	
RESIDENTIAL ADDRESS	
OCCUPATION	
PASSPORT NUMBER	
PLACE OF ISSUE	
EXPIRY DATE	

Date	Signature
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	<p><b>FAZZ'A</b>  <b>ITALIAN OPEN</b>  <b>GREEN CUP</b>  in Shotgun  Trap - Skeet - Double Trap  19 - 30 May 2016  Umbriaverde Sporting &amp; Resort  Todi, ITALY</p>	
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<b>FIREARM AND AMMUNITION FORM</b>	Please return by	<b>To FITAV (Italian Shooting Federation)</b>
Please fill out and sign this form and send it by courier mail or e-mail together with a copy of the passport.	<b>10 May 2016</b>	<b>Federazione Italiana Tiro a Volo</b> Viale Tiziano, 74 00196 (Roma)ITALY  Tel. 0039 06 45235200 Fax 0039 06 3233791 <a href="mailto:info@fitav.it">info@fitav.it</a> <a href="mailto:l.minelli@fitav.it">l.minelli@fitav.it</a> <a href="http://www.fitav.it">www.fitav.it</a>

FAMILY NAME		FIRST NAME	
COUNTRY			
NATIONALITY			
PLACE OF BIRTH		DATE OF BIRTH	
RESIDENTIAL ADDRESS			
PASSPORT NUMBER			
PLACE OF ISSUE			
EXPIRY DATE			

<b>FIREARM</b>			
MODEL	MANUFACTURER	SERIAL NUMBER	GAUGE/CALIBER
SPARE PARTS			

<b>AMMUNITION</b>		
QUANTITY	MANUFACTURER	GAUGE/CALIBER

ARRIVAL DATE	FLIGHT NUMBER	ARRIVAL TIME	FROM(airport)
DEPARTURE DATE	FLIGHT NUMBER	DEPARTURE TIME	TO(airport)