



ANNEX 1

Please email to F.I.T.A.V. at: visa@fitav.it

| VISA SUPPORT | Please return by 17 AUG 2022 |
|---------------------|-------------------------------------|
| name of federation | nation |
| contact person | phone number |
| e-mail address | fax number |

| no | family name | first name | date of birth | passport number | issue on | issue by |
|----|-------------|------------|---------------|-----------------|----------|----------|
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Internazionale
Viale Tiziano, 74 - 00196 Roma - Italy
Phone: +39-06-4523-5214 /
5212/5234/5246
E-mail:
visa@fitav.it Web:
www.fitav.it

Date

Signature of Team Leader

ANNEX 2



Please email to Organizing Committee at:

sara.fanciullacci@gmail.com

| FINAL HOTEL RESERVATION | Please return by | to Organizing Committee |
|-------------------------|------------------------|---|
| name of federation | 17 AUG 2022 | Sara Fanciullacci Phone: +39-333-3581559 Email: sara.fanciullacci@gmail.com Web: www.trapconcoverde.it |
| nation | | |
| contact person | | |
| phone nr. | | |
| e-mail | | |

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

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

Note: Please give us a rough total of expected rooms for wheelchair guests

Date _____

Signature of Team Leader _____

ANNEX 4

Please email to F.I.T.A.V. at: gunpermit@fitav.com



| FIREARM AND AMMUNITION | Please return by | to F.I.T.A.V. |
|---|-------------------------|---|
| Please fill out and sign this form. <u>Please use one form for each athlete.</u> | 27 AUG 2022 | Federica Iannucci Phone: +39 06-45235234 e-mail gunpermit@fitav.it Web: www.trapconcoverde.it |

| NAME OF FEDERATION: | | |
|----------------------------|----------------|----------------|
| information | | |
| family name | first name | |
| country | nationality | |
| date of birth | place of birth | |
| residential address | | |
| passport number | place of issue | date of expiry |

| for European Certificate holders': | | |
|---|-------------------------|----------------|
| EFC number | date and place of issue | Date of expiry |
| | | |

| firearms | | | |
|-----------------|--------------|---------------|-----------------|
| Model | manufacturer | serial number | gauge / caliber |
| | | | |
| | | | |
| | spare parts | manufacturer | quantity |
| barrels | | | |
| stocks | | | |

| ammunition | | |
|-------------------|--------------|-----------------|
| Quantity | manufacturer | gauge / caliber |
| | | |
| | | |

| |
|--------------|
| Note: |
|--------------|

Date

Signature of Athlete

ANNEX 5



Please email Organizing Committee at:

sara.fanciullacci@gmail.com

| TRAVEL FORM - ARRIVALS | Please return by 27 AUG 2022 | To Organizing Committee |
|---------------------------|-------------------------------------|---|
| Name of Federation | Nation | Sara Fanciullacci Phone: +39-333-3581559 Email: sara.fanciullacci@gmail.com Web: www.trapcon.caverde.it |
| Contact person | Phone Number | |
| e-mail address | Fax Number | |

| name | Accessibility | | Luggage information | | | Arrivals | | | | | |
|------|------------------|--------------------------|------------------------|---------------------|---------------------|----------|------|---------|--------------------|-------------------------|--------------|
| | Whether air user | If yes, able to transfer | Number of regular size | Number of over size | Number of gun cases | Date | Time | Air Car | Airport of arrival | Airline / Flight number | From airport |
| | | | | | | | | | | | |
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Local transfer from airport to the official hotel(s) and back at arrival / departure is required?

YES NO

ANNEX 5.1



Please email to Organizing Committee at:

sara.fanciullacci@gmail.com

| TRAVEL FORM - DEPARTURES | Please return by 27 AUG 2022 | To Organizing Committee |
|--------------------------|--|---|
| Name of Federation | Nation | Sara Fanciullacci Phone: +39-333-3581559 Email: sara.fanciullacci@gmail.com Web: www.trapcon.caverde.it |
| Contact person | Phone Number | |
| e-mail address | Fax Number | |

| name | Accessi bility | | Luggage information | | | Departures | | | | | |
|------|----------------------------|--|--------------------------------------|--|---------------------------------------|------------|------|------------|--------------------------|-------------------------------|-------------------|
| | Wh eelc hair user | If yes, able to trans fer into a bus seat | Number of regular size baggage | Nu mbe r of over size bag gag e | Nu mbe r of gun cas es | Date | Time | Air Car | Depar ture Airport | Airline / Flight number | To airp ort |
| | | | | | | | | | | | |
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Local transfer from airport to the official hotel(s) and back at arrival / departure is required?

YES NO



ANNEX 6

Please email to Organizing Committee at:

sara.fanciullacci@gmail.com

| MEDIA ACCREDITATION | Please return by | | to Organizing Committee | |
|---------------------|--------------------|--|---|--|
| name of federation | 27 AUG 2022 | | Sara Fanciullacci Phone: +39-333-3581559 Email: sara.fanciullacci@gmail.com Web: www.trapconcoverde.it | |

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

| 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 | rail | car | airport | rail | car |
| date | | | date | | |
| time | | | time | | |
| flight no. | | | flight no. | | |
| from (airport) | | | from (airport) | | |

Local transfer from airport to the official hotel(s) and back at arrival / departure is required?

YES NO

Date

Signature of Team Leader

ANNEX 7



Please email to Organizing Committee at:

sara.fanciullacci@gmail.com

| ACCREDITATION LIST | Please return by 27 AUG 2022 | To Organizing Committee |
|--------------------|--|--|
| Name of federation | Nation code | Sara Fanciullacci Phone: +39-333-3581559 Email: sara.fanciullacci@gmail.com Web: www.trapconcoverde.it |
| Contact Person | Phone number | |
| Email address | Fax number | |