















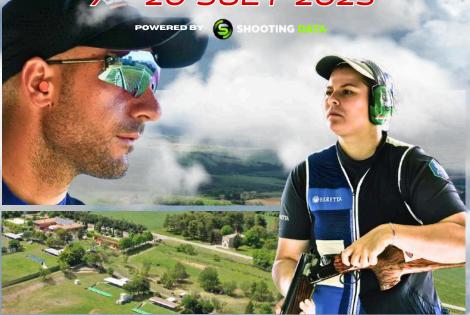




ITALIAN OPEN

GREEN CUP 2025

7 - 20 JULY 2025



UMBRIAVERDE SHOOTING RANGE

MASSA MARTANA, PERUGIA, ITALY VOCABOLO SCOPPIO, 80

> HIGH VALUE PRIZES

TRAP - PARA TRAP - SKEET

CONTACTS

(+39) 329 9134 441 - UMBRIAVERDESPORTING@GMAIL.COM WWW.UMBRIAVERDESHOOTINGRANGE.IT





GIFFIN OPEN 17 ALIAN OPEN 17 ALIAN

PROGRAM

MONDAY 7
ARRIVAL DELEGATIONS

TUESDAY 8

OPEN TRAINING

WEDNESDAY 9

COMPETITION MIXED TEAM SKEET

THURSDAY 10

OPEN TRAINING

FRIDAY 11

PRE EVENT TRAINING SKEET

SATURDAY 12

COMPETITION SKEET INDIVIDUAL AND TEAM 1ST DAY

75 TARGETS

SUNDAY 13

COMPETITION SKEET INDIVIDUAL AND TEAM 2ND DAY

50 TARGETS + FINALS

MONDAY 14

OPEN TRAINING

TUESDAY 15

OPEN TRAINING

WEDNESDAY 16

COMPETITION MIXED TEAM TRAP

THURSDAY 17

OPEN TRAINING

FRIDAY 18

PRE EVENT TRAINING TRAP

SATURDAY 19

COMPETITION TRAP INDIVIDUAL AND TEAM 1ST DAY

75 TARGETS

SUNDAY 20

COMPETITION TRAP INDIVIDUAL AND TEAM 2ND DAY

50 TARGETS + FINALS

CONTACTS

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A.S.D. TIRO A VOLO UMBRIAVERDE VOCABOLO SCOPPIO, 80 / 06056 MASSA MARTANA, PERUGIA, ITALY

ENTRY	PLEASE	PLEASE
FORM	RETURN WITHIN	RETURN TO
THIS FORM MUST BE SENT BACK BY E-MAIL	15TH JUNE 2025	UMBRIAVERDE SPORTING @GMAIL.COM

	4.7.2.4.5.2.1.1.2.1.1.2.1.1.2.1.1.2.1.1.2.1.1.2.1
FAMILY NAME	
FIRST NAME	
COUNTRY	
ADDRESS	
TELEPHONE	
E-MAIL	

EVENT (PLEASE TICK THE COMBINATION)	TRAP ITALIAN OPEN GREEN CUP	SKEET ITALIAN OPEN GREEN CUP
MEN ID		
MEN NO ID		
VETERANS		
JUNIOR MEN		
PARALYMPIC		
LADIES		
JUNIOR LADY		
MIXED TEAM		
TEAM MEN		
TEAM LADIES		

DATE	SIGNATURE
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VISA APPLICATION FORM			
NAME OF FEDERATION	NATION		
CONTACT PERSON	PHONE NUMBER		
EMAIL ADDRESS			
ITALIAN CONSULATE WHERE VISA WIL	L BE APPLIED FOR		
ARRIVAL DATE	DEPARTURE DATE		
PURPOSE OF THE VISIT TO ITALY	*		
DESTINATION IN ITALY (TOWN AND SH	OOTING RANGE)		
HOTEL (NAME AND ADDRESS)			

Family name	First name	Date of birth	Passport number	Expiry date	Role
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[□] 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