

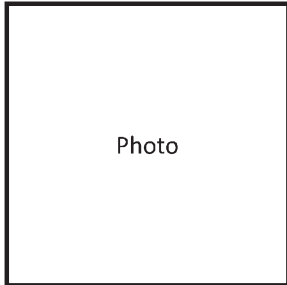


**1st International Benchrest
Shooting Seminar 2020**
&
**1st International Air Rifle Benchrest
Shooting Championship 2020**

Venue



JAYPEE PALACE
HOTEL & CONVENTION CENTRE
AGRA



ENTRY FORM

Full Name _____

Date of Birth _____ Gender _____

Address _____

Country _____ Passport No. _____

Valid Date _____ Date of Issue _____

Email ID _____

Phone No _____ T-Shirt Size _____ Lower Size _____

(WRABF) National Federation Name _____

For International Shooters

Signature