



Shooting

Application for recognition of World Deaf Record – Shooting: Application is hereby made for a World Deaf Record or World Deaf Junior Record, in support of which the following information is submitted (*please print*)

GENERAL INFORMATION				
Shooting Event		Junior	Men	Women
Date of Meeting (Day/Month/Year)	Time of Event (AM/PM)	Score:	Select one: Qualifications Final Team	
Name of Meeting	Name of Shooting Range		City and Country	
Shooter - Full Name (if team events, names in order competing)		Birth Date (Day/Month/Year)	Shooter - Country	
Shooter - Full Name		Birth Date (Day/Month/Year)	Shooter - Country	
Shooter - Full Name		Birth Date (Day/Month/Year)	Shooter - Country	
REQUIREMENT CHECKLIST				
Any "NO" response must be fully explained in writing. Below details can be found in ISSF General Regulations and Technical Rules.				
Competitions where World Deaf Records/ World Deaf Junior Records can be established:		Complied with:	Yes	No
Range Specifications:		Complied with:	Yes	No
Target Used:		Complied with:	Yes	No
Scoring Procedures:		Complied with:	Yes	No
Equipment Check: (see appropriate Discipline Rules)		Complied with:	Yes	No
Number of Participants: Indicate the number of shooters for individual events -or- the number of teams for team events. In order to recognize new World Record, the <u>minimum</u> number of shooters per event shall be: 8 men, 7 women, and 5 teams		Actual number of: Shooters: _____ Team: _____		
GUARANTEE BY REFEREE				
I hereby certify that all the information recorded on this form is accurate, that the officials conducting the competition were duly qualified and that the appropriate ISSF General Regulations and Technical Rules were complied with. I also hereby certify that the shooting range used were in conformity with ISSF Technical Rules.				
Name of Referee	Referee Accreditation #	Date (Day/Month/Year)	Signature	
RECOMMENDATION BY NATIONAL DEAF SPORTS FEDERATION				
The undersigned Member hereby certifies that it is satisfied with the accuracy of this application and recommends it for acceptance.				
President (signature)		Secretary General (signature)		
Name of National Deaf Sports Federation		Date (Day/Month/Year)		
DOCUMENTS CHECKLIST				
All these documents below must be enclosed with this application. <ul style="list-style-type: none"> The printed program of the competition The complete results of the event concerned The copy of the Results Card The official results of the competition 		Send all original documents to: International Committee of Sports for the Deaf (ICSD) Maison du Sport International 54, Avenue de Rhodanie CH-1007, Lausanne Switzerland		

FOR INTERNATIONAL COMMITTEE OF SPORTS FOR THE DEAF OFFICIAL USE ONLY		
Technical Director	Signature	Date (Day/Month/Year)
Chief Executive Director	Signature	Date (Day/Month/Year)
State reasons if not approved:		