

**REFEREES COURSE  
PARTICIPANT'S APPLICATION FORM**

Family Name	
Given Name	
Copy of the ISSF "B License" attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
CV of the last 4 years activity in Shooting attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Nationality	
Date of Birth	
Address	Street
	Number
	Postal Code
	City/Country
Contact Number	
Email address	
Date of submission	
NPC's Person name, Signature & Position	
NPC's Stamp	

The form must be returned **no later than 19 September** to IPC Shooting at [ipcshooting@paralympic.org](mailto:ipcshooting@paralympic.org) or by fax at +49 228 2097209