



Application for recognition of Deaf European Record – Shooting: Application is hereby made for a Deaf EDSO Record or Deaf Junior EDSO Record, in support of which the following information is submitted (*please print*) If World Record, please use ICSD record form.

GENERAL INFORMATION			
Shooting Event		<input type="checkbox"/> Junior <input type="checkbox"/> Men <input type="checkbox"/> Women	
Date of Meeting (Day/Month/Year)	Time of Event (AM/PM)	Score:	Select one: <input type="checkbox"/> Qualification <input type="checkbox"/> Final <input type="checkbox"/> 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 Deaf World Records/Deaf Junior World Records can be established:		Complied with: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervision by the ISSF:		Complied with: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Range Specifications:		Complied with: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Target Used:		Complied with: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cartridges or Gauges Used:		Complied with: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoring Procedures:		Complied with: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment Check: (see appropriate Discipline Rules)		Complied with: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 15 men, 10 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. <input type="checkbox"/> The printed programme of the competition <input type="checkbox"/> The complete results of the event concerned <input type="checkbox"/> The copy of the Results Card <input type="checkbox"/> The official results of the competition		Send all original documents to: European Deaf Sport Organization Ota Pansky Fischerova 21 779 00 Olomouc Czech Republic EMAIL: opansky@centrum.cz FAX: +420 585 432 864	

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