



Appendix 1
TEAM APPLICATION FORM FOR IMPORT OF RIFLES AND AMMUNITION

To be returned by 14.2.2017 to Kontiolahti Biathlon Office
 e-mail: ibucup@biathlon-kontiolahti.fi, fax +358 13 732 402

National Association:		Contact Person:	
Mobile phone:		Fax:	
E-mail:			

Border where import will take place:
Date of arrival into Finland:
Date of arrival to Joensuu/Kontiolahti:
The latest day of departure from Finland:

SURNAME	FIRST NAME	DATE OF BIRTH	PASSPORT NUMBER	TRADE-MARK	SERIAL NUMBER	QUANTITY AMMUNITION

DATE:

SIGNATURE