



COMPOSITION OF MISSION LIST OF WEAPONS & AMMUNITION

NATION:

To be returned by mail not later than May 18th 2016!

To:	Leader of organization:	WO II Flemming Nielsen
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In copy to:	Danish CISM Delegate:	Cpt. Mikkel Soelberg
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OFFICIALS

Function	Rank	Surname	First Name	Gender (female/male)
Chief of mission				
Team captain				
Coach				
Coach				

COMPETITORS: Men

No.	Rank	Surname	First Name	Weapon Model and no.	Best time in obstacle	Swim
1						
2						
3						
4						
5						
6						
*1						
*2						
*3						
*4						
*5						
*6						

* Only for Nordic countries

COMPETITORS: Women

No.	Rank	Surname	First name	Weapon Model & no.	Best in time	
					Obstacle	Swim
1						
2						
3						
4						
*1						
*2						
*3						
*4						

* Only for Nordic countries

COMPETITORS: Para-athletes

No.	Rank	Surname	First name	Weapon Model & no.	Mental disability	Physical disability
1						
2						
3						
4						

Number and caliber of ammunition: _____

Date: _____ Signature: _____