

**5th HARYANA SHOOTING COMPETITION 2026
RELAY FORM**

NAME OF EVENT

S.N.	COMP. NO.	NAME OF ATHLETE	REQUIRED RELAY NUMBER	ATHLETE SIGN
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

NAME OF ACADEMY:

ADDRESS:

NAME OF COACH:

PHONE NUMBER: