



# ISTSA Sports Psychology registration form

Name \_\_\_\_\_ Date \_\_\_\_\_

Your ICTSA Number \_\_\_\_\_

Contact Number \_\_\_\_\_

Email address \_\_\_\_\_

### List disciplines you shoot

Please tick relevant box

✓

DTL/	ABT/	FSP/	NSK/	OT/
UT/	STR/	CSP/	OSK/	ESP/

### How long have you been shooting

Please tick relevant box

✓

0-5yrs	5-10yrs	10-15yrs	15-20 yrs	over 20yrs

Have you competed at Home international level.

Yes

No

### If yes what discipline:

Please tick relevant box

✓

DTL/	ABT/	FSP/	NSK/	OT/
UT/	STR/	CSP/	OSK/	ESP/

Have you competed at an international ISSF event.

Yes

No

Please write below what it is you expect to get out of attending this Sports Psychology session.


### FOR OFFICE USE ONLY

Date

Number assigned

Authorised

Approved