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| AVTS | | **DEMANDE DE MEDAILLE CANTONALE DE BON TIREUR** | | | | | | | | | | | | | | **C 10** | | | **Form.**  **23** | | |
| La commande doit être expédiée en **DEUX** exemplaires, avant le 30 octobre, au responsable cantonal du contrôle des mentions de l’AVTS. | | | | | | | | | | | | | | | | | | | | | |
| **NUMERO DE LA MEDAILLE** | | | | | | **1** | | **2** | | | | **3** | | **4** | | | **5** | | |  | |
| **Mettre une croix** | | | | | |  | |  | | | |  | |  | | |  | | |  | |
| Nom : | | | | | |  | | | | | | | | | | | | | | | |
| Prénom : | | | | | |  | | | | | | | | | | | | | | | |
| Date de naissance : | | | | | |  | | | | | | | | | | | | | | | |
| Adresse : | | | | | |  | | | | | | | | | | | | | | | |
| NPA, Lieu : | | | | | |  | | | | | | | | | | | | | | | |
| Membre de la Société de : | | | | | |  | | | | | | | | | | | | | | | |
|  | **CONCOURS INDIVIDUEL**  **(mentions roses)** | | | | | | | |  |  | **CONCOURS CANTONAL**  **(mentions rouges)** | | | | | | | | | |  |
|  |  | | Année |  | | | Points | |  |  |  | | Année | |  | | | Points | | |  |
|  | 1. | |  |  | | |  | |  |  | 1. | |  | |  | | |  | | |  |
|  | 2. | |  |  | | |  | |  |  | 2. | |  | |  | | |  | | |  |
|  | 3. | |  |  | | |  | |  |  | 3. | |  | |  | | |  | | |  |
|  | 4. | |  |  | | |  | |  |  | 4. | |  | |  | | |  | | |  |
|  | 5. | |  |  | | |  | |  |  | 5. | |  | |  | | |  | | |  |
|  | 6. | |  |  | | |  | |  |  | 6. | |  | |  | | |  | | |  |
|  | 7. | |  |  | | |  | |  |  | 7. | |  | |  | | |  | | |  |
|  | 8. | |  |  | | |  | |  |  | 8. | |  | |  | | |  | | |  |
|  |  | |  |  | | |  | |  |  |  | |  | |  | | |  | | |  |
| Lieu, date : | | | | | | | | | | Signature du tireur : | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | |
| Au nom de la Société (timbre) | | | | | | | | | | Président : | | | | | | Secrétaire : | | | | | |
|  | | | | | | | | | |  | | | | | |  | | | | | |
| Médaille délivrée le : | | | | |  | | | | | | | | | | | | | | | | |
| Lieu : | | | | |  | | | | | | | | | | | | | | | | |
| Signature du bénéficiaire : | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | |