

I, the undersigned





## F3. Data Management Authorization Form for the 19th MLAIC European Championship

Please deliver this document printed, signed, scanned until July 29th, 2023

| Name,  |   |
|--|---|
| Nationality,   |   |
| Address,   |   |
| Place and date of birth,   |   |
| European Championships  - the Muzzle Loade Française de Tir to date of birth, ema solely for the purpo  - the Muzzle Loade Française de Tir (www.mlaic.org) a WhatsApp, etc.).  - the Muzzle Loade | that by submitting my registration forms for the 19th MLAIC I authorize: ers Association International Confederation and the Fédération record and manage my submitted personal data (name, address il address, mobile phone no., passport no., ID no., firearms data ose of the organization of the competition. ers Association International Confederation and the Fédération to post videos and pictures about me on its website and (www.fftir.org), social media platforms (Facebook, Twitter ers Association International Confederation as well as all others taking part in the 19th MLAIC European Championships to use |
|  | stering and publishing scores and results on websites, in socia   |
|  | ion, I confirm that I read and understood the content of the MLAIC  |
| Dated at,  |   |
|  | (place),(day),(month),(year)  |
|  | Signature :   |
|  |   |