|  |
| --- |
| Please email or fax to Organizing Committee at:mssz@hunshooting.hu or +36 1 4606896 |
| VISA SUPPORT FORM | Please return by May 20, 2019 |
| Name of federation |  | Nation |  |
| Contact person |  | Phone number |  |
| e-mail address |  | Fax number |  |
|  |
| no | Family name | First name | date of birth | passport number | issued | expires |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Note: Please send copies of passport as well to Organizing Committee. |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Date |  | Signature of Team Leader |  |

|  |  |
| --- | --- |
| Organizing Committee |  |
| c/o Hungarian Shooting FederationIstvánmezei út 1-31146 BudapestHungaryPhone : +36 1 4606895Fax : +36 1 4606896E-mail: mssz@hunshooting.hu |  |