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| contact person |  | phone number |  |
| e-mail address |  | fax number |  |
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| **no** | **gender****M=men W=women** | **officials** | **date of birth** | **position** **(for identification please use legend below)** |
| **family name** | **first name** | DD | MM | YY |
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|  | **Legend:**Team LeaderTeam Coach Team Medical PersonnelTeam OfficialMedia Person |  | For Media please use also “Media Accreditation Form” |