|  |
| --- |
| Please email or fax to Organizing Committee at: echmaribor2015@shooting.si or +386 1 428 0583 |

|  |  |  |
| --- | --- | --- |
| VISA SUPPORT FORM | Please return by | 18th JUN 2015 |
| Name of federation |  | Nation (3 letter code) |  |
| Contact person |  | Phone number |  |
| E-mail address |  | Fax number |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Family name | First name | Dateof birth | Passport number | Issue on | Issue by |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| Note: |
|  |

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