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| Please email or fax to Organizing Committee at:  [echmaribor2015@shooting.si](mailto:echmaribor2015@shooting.si) or +386 1 428 0583 |

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| 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 |  | |

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| No | Family name | First name | Date  of birth | Passport  number | Issue  on | Issue  by |
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| Date |  | Signature of Team Leader |