|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please email or fax to Organizing Committee at:  mssz@hunshooting.hu or +36 1 4606896 | | | | | | | | | |
| VISA SUPPORT FORM | | | | | Please return by 23 JAN 2016 | | | | |
| name of federation | |  | | | nation | |  | | |
| contact person | |  | | | phone number | |  | | |
| e-mail address | |  | | | fax number | |  | | |
|  | | | | | | | | | |
| no | family name | | first name | date of birth | | passport number | | issue on | issue by |
|  |  | |  |  | |  | |  |  |
|  |  | |  |  | |  | |  |  |
|  |  | |  |  | |  | |  |  |
|  |  | |  |  | |  | |  |  |
|  |  | |  |  | |  | |  |  |
|  |  | |  |  | |  | |  |  |
|  |  | |  |  | |  | |  |  |
|  |  | |  |  | |  | |  |  |
|  |  | |  |  | |  | |  |  |
|  |  | |  |  | |  | |  |  |
|  |  | |  |  | |  | |  |  |
|  |  | |  |  | |  | |  |  |
|  |  | |  |  | |  | |  |  |
| Note: Please send copies of passport as well to Organizing Committee. | | | | | | | | | |

|  |
| --- |
| Organizing Committee |
| c/o Hungarian Shooting Federation  Istvánmezei út 1-3  1146 Budapest  Hungary  Phone : +36 1 4606895  Fax : +36 1 4606896  E-mail: mssz@hunshooting.hu |

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