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| Please email or fax to Organizing Committee at:  mssz@hunshooting.hu or +36 1 4606896 | | | | | | | | | |
| VISA SUPPORT FORM | | | | | Please return by August 15, 2019 | | | | |
| Name of federation | |  | | | Nation | |  | | |
| Contact person | |  | | | Phone number | |  | | |
| e-mail address | |  | | | Fax number | |  | | |
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| no | Family name | | First name | date of birth | | passport number | | issued | expires |
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| Note: Please send copies of passport as well to Organizing Committee. | | | | | | | | | |

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| Date |  | Signature of Team Leader |  |

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| 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](mailto:mssz@hunshooting.hu) |  |