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| Please email :echbolognatolmezzo2019@gmail.com |
| VISA SUPPORT FORM | Please return by | 14 JUL 2019 |
| 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 |
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| Date |  | Signature of Team Leader |  |

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| Organizing Committee |
| Organizing CommitteePhone: +39-06-87975536E-mail: echbolognatolmezzo2019@gmail.com |