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| Please email to Organizing Committee at: info@laskurliit.ee | | | | | | | | | |
| VISA SUPPORT FORM | | | | | Please return by February 03, 2023 | | | | |
| Name of federation | |  | | | Nation | |  | | |
| Contact person | |  | | | Phone number | |  | | |
| e-mail address | |  | | | Fax number | |  | | |
|  | | | | | | | | | |
| 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 |
| LOC: ESTONIAN SHOOTING SPORT FEDERATION  Contact Person Meelis Loit  Phone: +372 50 99 401  E-mail: [info@laskurliit.ee](mailto:info@laskurliit.ee) |