

Please e-mail to: [psachnashootingclub@gmail.com](about:blank)

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| VISA SUPPORT FORM | | | | | Please return by | | | | 24 May 2023 | |
| 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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| ORGANIZING COMMITTEE |
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