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| Please email to: [stavrou@cssf-shooting.org](mailto:stavrou@cssf-shooting.org) | | | | | | | | | | | | | |
| VISA SUPPORT FORM | | | | | | | Please return by | | | | 08 FEB 2023 | | |
| 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 | | issue on | | issue by | |
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| Date | | |  | | | Signature of Team Leader | | | | | | |  |