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**open Aerobic Gymnastics**

**clermont ferrand – france 2015**

**May 8th to May 10th**

Form to be sent to:

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| **Organizing Committee / Host Federation** |
| Contact person: Karine Chérifi  Tel.: (33) 1 48 01 24 60  E-mail : [Karine.cherifi@ffgym.fr](mailto:Karine.cherifi@ffgym.fr) |
| **VISA REQUEST Form** |

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| **Federation** |  | **Contact person:** |  |
| **Phone:** |  |
| **E-mail:** |  |

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| **LAST NAME,**  **First name** | **Function** | **Gender**  **M/F** | **Date of birth**  dd.mm.yyyy | **Citizenship and**  **passport N°** | **Passport expiry date** | **Arrival date** | **Departure date** | **City**\* |
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*\* city where the visa application support letter must be sent to*

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| **Place and date** | **Seal of the NF** | **NF authorised signature** |
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|  |  | Signature of the President or Secretary General of the FIG affiliated NF |