|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *№* | *SURNAME* | *NAME* | *Nationality* | *Gender*  *(M/F)* | *Date of birth and place*  *(dd.mm.yyyy. City)* | *Nr. of passport* | *Function*  *(coach, athlete etc.)* |
| *1.* |  |  |  |  |  |  |  |
| *2.* |  |  |  |  |  |  |  |
| *3* |  |  |  |  |  |  |  |
| *4* |  |  |  |  |  |  |  |
| *5* |  |  |  |  |  |  |  |
| *6* |  |  |  |  |  |  |  |
| *7* |  |  |  |  |  |  |  |
| *8* |  |  |  |  |  |  |  |
| *9* |  |  |  |  |  |  |  |
| *10* |  |  |  |  |  |  |  |
| *11* |  |  |  |  |  |  |  |
| *12* |  |  |  |  |  |  |  |
| *13* |  |  |  |  |  |  |  |
| *14* |  |  |  |  |  |  |  |
| *15* |  |  |  |  |  |  |  |

**CADETS WORLD SAMBO CHAMPIONSHIPS (M&W)**

**DECEMBER 12-15, 2016, LIMASSOL (CYPRUS)**

***Visa Application Form Annex№2***

**FEDERATION: ………………………………**

We will apply for visas at …………. (Embassy) in ………..(City)

This form must be returned to the Cyprus SAMBO Federation [:mariossambo@mail.ru](mailto:mariossambo@mail.ru) before November 20.