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| **ISU Member:** |  |
| **Team Name:** |  |
| **Contact Person:** |  |
| **Phone:** |  |
| **E-Mail:** |  |

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| **Family**  **(Last) name** | | **Given**  **(First) name** | **Address** | **Passport**  **number** | | **Passport date of expire**  **(DD/MM/YY)** | **Date**  **of birth**  **(DD/MM/YY)** | | **Sex**  **(male/**  **female)** | **Function in Team** | **EMBASSY**  **where VISA will be processed** |
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| ISU Member Federation: |  | | | | Date and Signature: | | |  | | | | |