

**International Tournament**

**Prejunior, Junior & Senior**

**March 2020**

This Form is to be sent in WORD Format (no scans) to:

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| **Host Federation** |
| **ANDORRAN GYMNASTICS FEDERATION**Federació Andorrana de GimnàsticaCentre de Tecnificació Esportivac/ Narciso Yepes s/n AD300 - OrdinoMs. Anna Pallarés Phone: (+376) 343 668 E-mail: andgymcup@gmail.com |

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| **VISA REQUEST Form** |

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|  **Federation/club** |  | **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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| **Special requirements** |  |

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| **Place and date**  | **Seal of the NF/club** | **Signature** |
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