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| **Name:** Ms. Kathy Fong **Telephone:** +61 404 613 456 **Fax:** +61 2 9570 3717  **E-mail:** 2016ozopen@gmail.com |
| **Head Office Address:** Unit 5 No.8, Technopark Drive. Williamstown. VIC. AUSTRALIA. |
| **﻿This Form should be completed and returned before 9 May 2016** |
| **NOTE: Please attach a white background photo of players, coaches and/or officials in the email for accreditation passes.** |

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| **Badminton Association :** |  |

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| **Team Manager :** |  | **Email** |  |

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| **Office Phone No. :** |  | **Mobile No. :** |  |

**ACCREDITATION APPLICATION FORM**

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| **No.** | **Surname** | **First Name** | **Player / Coach / Officials** | **Profile Picture** |
| **1** |  |  |  | Please attach photo in this column |
| **2** |  |  |  | Please attach photo in this column |
| **3** |  |  |  | Please attach photo in this column |

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| **4** |  |  |  | Please attach photo in this column |
| **5** |  |  |  | Please attach photo in this column |
| **6** |  |  |  | Please attach photo in this column |
| **7** |  |  |  | Please attach photo in this column |
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| **9** |  |  |  | Please attach photo in this column |
| **10** |  |  |  | Please attach photo in this column |
| **11** |  |  |  | Please attach photo in this column |
| **12** |  |  |  | Please attach photo in this column |
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| **14** |  |  |  | Please attach photo in this column |
| **15** |  |  |  | Please attach photo in this column |
| **16** |  |  |  | Please attach photo in this column |
| **17** |  |  |  | Please attach photo in this column |
| **18** |  |  |  | Please attach photo in this column |

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| **19** |  |  |  | Please attach photo in this column |
| **20** |  |  |  | Please attach photo in this column |

**Note:**

**1. All accreditation passes must have photo ID.**

**2. Please do not give accreditation passes away during event week.**