\*Please provide a copy of scanned passport together with this form and

send it to Mr. Askar Ormanov at**oaskar@bk.ru****;** aziz\_archery@mail.ru not later than **18th Oct**

|  |
| --- |
| Name of Member Association:  |
| Contact Person:  |
| PHONE NUMBER:  | MOBILE NUMBER:  |
| FAX NUMBER:  | E-MAIL:  |

**Please complete ALL categories.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Name | Home Address | Passport No. | Expiry Date | Date & Place of Birth | Flight No. (Arrival) | Arrival Date &Time | Flight No. (Departure) | Departure Date &Time |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |

(additional details can be submitted in other sheet of paper)