

TOTAL BWF WORLD CHAMPIONSHIPS 2017 Visa Support Request Form to be returned by 30 May at the latest to 2017@badmintonscotland.org.uk



	ſ	Nam	e of Member Association (Team):							
Mailing Address:										
			Name of Team Representative:			Position:			Date	
Email address of Team Representative:										
No	Gender		Surname (as shown on passport)	First Name (as shown on passport)	Date of birth	Nationality	Passport No. Expiry Date		Date	Role PLA: Player OFF: Team Official / Coach DOC: Doctor / Physio ITO: Technical Official (incl. Referee) BWF: Delegate ME: Media / Photographer
1	Male Female									
2	Male Female									
3	Male Female									
4	Male Female									
5	Male Female									
6	Male Female									
7	Male Female									
8	Male Female									

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