Annex 3

**World Masters Championships**

**Ashdod, Israel**

**22-25 Oct 2015**

Federation: ………………………………………………..…

Visa application form:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | NAME/SURNAME | Date of birth | Passport number | Date of issue | Date of expire | Function |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |

Date: …………………….…. Signature National Federation : ………........................

Please return First Entry Form not later than 15 Aug 2015 to: wcisrasambo@gmail.com

Please attach a passport copy!