**ENCLOSURER 5**

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| **LIST OF DELEGATION FOR VISA APPLICATION**  **(Before 17 September 2024)**  Please complete this form and send it to CMAS HQ and Organising Committee by e-mail: [fabio.savi@fipsas.it](mailto:fabio.savi@fipsas.it) |

| № | Given Name | Surname | Position (Athlete, coach, Captain, Team leader etc) | Nationality | Date of birth | Gender | Profession | Passport number | Passport Date of issue | Passport Date of expiration | City of entry | Date of entry | Date of departure |
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|  | Date | |
| (President Signature / stamp) |  | (Full name in block letters) |
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