



Please email or fax to F.I.T.A.V. at: visa@fitav.it or +39-06-3233791

VISA SUPPORT	Please return by 13 JUL 2017
name of federation	nation
contact person	phone number
e-mail address	fax number

no	family name	first name	date of birth	passport number	issue on	issue by

Note: Only this form (Annex 2) to FITAV!!!

_____ **Date**

_____ **Signature of Team Leader**

F.I.T.A.V.

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