



BALTIC CUP 2017

4 VISA SUPPORT

Please return by e-mail at gatis@saufed.lv or latsaufed@inbox.lv

Deadline: **29.04.2017**

Name of Federation

Nation

Contact Person

Phone Number

E-mail Address

Fax Number

No.	First Name/Family Name	Date and place of birth	Nationality	Passport number	Address	Function Athlete/Trainer/etc.

Day of arrival: _____

Day of departure: _____

Date: _____

Signature of team leader: _____

Organizing Committee:
Latvian Shooting federation
reg.nr. LV40008024596

address: Cieceres str.9
city: Riga
country: Latvia

tel./fax: +371 67612311
e-mail: latsaufed@inbox.lv
homepage: www.saufed.lv

iban: LV71TREL915360000000
bank: The Treasury bank,
swift: TRELLV22