**ANNEX 5**

|  |
| --- |
| **LIST OF DELEGATION FOR VISA APPLICATION** **(Before 20 FEBRUARY 2025)**Please complete this form and send it to CMAS HQ and Organising Committee by e-mail: 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 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 2 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 3 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 4 |   |  |   |  |  |  |  |  |  |  |   |   |   |
| 5 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 6 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 7 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 8 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 9 |   |  |   |  |  |  |  |  |  |  |   |   |   |
| 10 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 11 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 12 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 13 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 14 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 15 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 16 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 17 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 18 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 19 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 20 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 21 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 22 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 23 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 24 |   |  |   |   |   |  |   |  |  |  |   |   |   |
| 25 |   |  |   |   |   |  |   |  |  |  |   |   |   |

|  |  |
| --- | --- |
|  | Date |
| (President Signature / stamp) |  | (Full name in block letters) |
|  |  |  |