**Visa Form**

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| --- | --- |
| **Team** |  |
| **Name** | **Surname** | **Position** | **DOB** | **Passport No.** | **Expiry Date** |
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**Please send the Visa form by : 25 – March – 2023**

**Flight Details**

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| Team  |  |
| **Arrival Details**  |  |
| Date  | **Time**  | **Airline Name**  | **Flight No.** |
|  |  |  |  |
| **Departure Details** |  |  |
| **Date**  | **Time**  | **Airline Name**  | **Flight No.** |
|  |  |  |  |

**Please send the Flight Details by : 25 – April – 2023**

**Accommodation Details**

|  |  |
| --- | --- |
|  | **Team**  |
| **Room Partner**  | **Check Out Date** | **Check in Date**  | **Room Type**  | **Full name**  |
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**Please send the Accommodation Form by : 1 – April – 2023**

**Please send all forms to :** **iraq\_pc2003@yahoo.com**

**and CC to:** alsalihi.saad@yahoo.com

**Entry by Name +** **Accreditation Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Uniform 2** | **Uniform 1** | **Uniform Color** | **Team**  |
|  |  |  |  |
|  |
| **Flag**  | **Photo**  | **Shirt No.** | **Position**  | **Full name**  |
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**Please send the Accreditation Form by : 1 – April – 2023**

**Please send all forms to :** **iraq\_pc2003@yahoo.com**

**and CC to:** alsalihi.saad@yahoo.com

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| --- | --- | --- | --- | --- | --- |
| **Referees' Clinic Participants** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Clinic Dates : 5-11 / May 2023  |   |  |  |  |  |
| Clinic Place : Iraq – Baghdad  |   |  |  |  |  |
| Participating Teams No : 6  |   |  |  |  |  |
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|   | Family Name - Given Name | Gender | Date of Birth | Country | E-mail | Current Level | New Level |
|   |
| 1. |   |   |   |  |   |   |   |
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| 9. |   |   |   |   |   |   |   |
| 10. |   |   |   |  |   |   |   |

**Please send all forms to :** **iraq\_pc2003@yahoo.com**

**and CC to:** alsalihi.saad@yahoo.com