**Visa Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**](mailto: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**](mailto:iraq_pc2003@yahoo.com)

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |
|  |
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| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
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| 7. |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |

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