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| contact person | | |  | | | phone number | | |  | | | | | |
| e-mail address | | |  | | | fax number | | |  | | | | | |
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| **no** | **gender**  **M=men W=women** | **officials** | | | | | | **date of birth** | | | | | | **position**  **(for identification please use legend below)** | |
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|  | | | | | | | **Legend:**  Team Leader  Team Coach  Team Medical Personnel  Team Official  Media Person | | | | | |  | For Media please use also “Media Accreditation Form” | | |