

## ATTACHMENT **#7**

## **REGISTRATION OF INVITATIONS FOR VISA IN GERMANY**

Country:	
Name of team representative:	
Contact phone number of team representative:	

No	Last and first name (as stated in passport)	Date of birth	Passport No	Passport issuing authority	Date of issue	Valid until	Status (team rep., fighter, coach, judge, medic, guest)



## EUROKAN 2015

V. OPEN EUROPEAN CHAMPIONSHIP KYOKUSHIN-KAN BERLIN / GERMANY / 30.05.2015 - 31.05.2015

No	Last and first name (as stated in passport)	Date of birth	Passport No	Passport issuing authority	Date of issue	Valid until	Status (team rep., fighter, coach, judge, medic, guest)
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