SAAR.LOR.LUX BADMINTON OPEN SAARBRÜCKEN

SaarLorLux Open 2020 – Visa Application Form
to be returned until **25th of September 2020** latest
info@saarlorlux-open.de or Fax 0049 – 681 – 3879 454

BWF Tour Super 100

| | |
|---|---|
| **Name of Member Association (Team):** | |
| **Mailing Address and Phone:** | |
| **Name of Team Representative:** | |

| No. | Gender (M/F) | Surname | Firstname | Date of Birth | Nationality | Passport No. | Expiry Date | Occupation/ Position |
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