VISA APPLICATION FORM				
NAME OF FEDERATION	NATION			
CONTACT PERSON	PHONE NUMBER			
EMAIL ADDRESS				
ITALIAN CONSULATE WHERE VISA WILL BE APPLIED FOR				
ARRIVAL DATE	DEPARTURE DATE			
PURPOSE OF THE VISIT TO ITALY				
DESTINATION IN ITALY (TOWN AND SHOOTING RANGE)				
HOTEL (NAME AND ADDRESS)				

Family name	First name	Date of birth	Passport number	Expiry date	Role
	79				