

LIST OF PARTICIPANTS

3rd Kalamata International Choir Competition and Festival



Choir / Ensemble:

Ref.-number of your choir/ensemble: **GR19-**

Contact person of the group

First name:
Last name:
Address:
Zip code:
City:
Country:
Phone:
Fax:
E-mail:
Mobile:

Embassy where you apply for your visas

Name of embassy:
Address:
Zip code:
City:
Country:
Phone:
Fax:
E-mail:

Total of persons:

Participants (incl. accompanying persons):

Reserve (max. 5 persons):

+

Total:

=

Signature contact person

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Ref.-number of your choir/ensemble: **GR19-**

List of RESERVE (Please fill out ONLY if needed!):

	First name	Last name	Gender (M/F)	Date of birth DD-MM-YYYY	City of birth	Passport number	Issued in (city)	City of residence	Nationality
R01									
R02									
R03									
R04									
R05									

List of PARTICIPANTS (incl. accompanying persons):

	First name	Last name	Gender (M/F)	Date of birth DD-MM-YYYY	City of birth	Passport number	Issued in (city)	City of residence	Nationality
001									
002									
003									
004									
005									
006									
007									
008									
009									
010									

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011									
012									
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014									
015									
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029									
030									

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031									
032									
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034									
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050									

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051									
052									
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054									
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071									
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074									
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