



Deutscher Behindertensportverband e.V.  
National Paralympic Committee Germany

**International German Swimming Championships 2019 Thursday June 06 - Sunday June 09, Berlin**

**Form for Visa Application**

**Athletes**

| No | First Name | Last Name | Date of Birth | No of passport | Expiry date of passport | Team Function |
|----|------------|-----------|---------------|----------------|-------------------------|---------------|
| 1  |            |           |               |                |                         |               |
| 2  |            |           |               |                |                         |               |
| 3  |            |           |               |                |                         |               |
| 4  |            |           |               |                |                         |               |
| 5  |            |           |               |                |                         |               |
| 6  |            |           |               |                |                         |               |
| 7  |            |           |               |                |                         |               |
| 8  |            |           |               |                |                         |               |
| 9  |            |           |               |                |                         |               |
| 10 |            |           |               |                |                         |               |
| 11 |            |           |               |                |                         |               |
| 12 |            |           |               |                |                         |               |
| 13 |            |           |               |                |                         |               |
| 14 |            |           |               |                |                         |               |
| 15 |            |           |               |                |                         |               |

**Escort**

| No | First Name | Last Name | Date of Birth | No of passport | Expiry date of passport | Team Function |
|----|------------|-----------|---------------|----------------|-------------------------|---------------|
| 1  |            |           |               |                |                         |               |
| 2  |            |           |               |                |                         |               |
| 3  |            |           |               |                |                         |               |
| 4  |            |           |               |                |                         |               |
| 5  |            |           |               |                |                         |               |
| 6  |            |           |               |                |                         |               |
| 7  |            |           |               |                |                         |               |
| 8  |            |           |               |                |                         |               |
| 9  |            |           |               |                |                         |               |
| 10 |            |           |               |                |                         |               |

**Name and signature of Secretary General or Director of Sport of NPC**

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please return to:**

Deutscher Behindertensportverband e.V. / NPC Germany  
Tulpenweg 2-4  
50226 Frechen

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Official stamp of NPC