



**International German Championships Para Swimming
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:

Deutscher Behindertensportverband und Nationales Paralympisches Komitee (DBS) e.V.
Tulpenweg 2-4
50226 Frechen

Email: hentschel@dbs-npc.de

Official stamp of NPC