**VISA REQUEST FORM**

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| --- | --- |
| **MEMBER ASSOCIATION (Country):** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Family name****(on passport)** | **Given names****(on passport)** | **Gender** | **Nationality** | **Passport****number** | **Expiry****date** | **Date****of****birth** | **Role****(player, coach, etc)** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
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| 5 |  |  |  |  |  |  |  |  |
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| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |

**Notes:**

1. Member associations requiring visa to enter Australia please complete the above form.
2. We will forward an official invitation letter for your visa application.

Please return this form by 12th August 2019 to:

Badminton WA

Email: events@badmintonwa.org.au

Badminton WA Office: +61 8 9409 4433

Event Director Mark Cunningham: +61 418 760 812