**BENDIGO INTERNATIONAL 2022**

**BENDIGO, VICTORIA, AUSTRALIA**

**12-16 OCTOBER**

**VISA REQUEST FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **MEMBER ASSOCIATION Country:** |  | **CONTACT NAME In full:** |  |
| **CONTACT Phone number:** |  | **CONTACT Email address:** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NO** | **FAMILY** **NAME** **(passport)** | **GIVEN** **NAMES** **(passport)** | **GENDER** | **NATIONALITY** | **PASSPORT NUMBER** | **EXPIRY DATE** | **DATE OF BIRTH** | **ROLE (player, coach, etc)** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |

**Notes:**

1. Member associations whose players and officials requiring Visa to enter Australia to complete

 the above form and returned to us asap.

2. We will forward official invitation letter for your Visa application to your contact address.

3. Please allow sufficient time for the processing of your application. We recommend applying

 at least 30 days prior to your planned travel dates.

Please return this form to:

Event Director
Email: poh@bigpond.net.au Telephone: +614 1227 8118



