**SATHIO GROUP AUSTRALIA OPEN 2024**

**SYDNEY AUSTRALIA 11-16 JUNE**

**VISA REQUEST FORM**

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **FAMILY NAME**  **(on passport)** | **GIVEN NAMES**  **(on 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 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 as soon as possible or by Tuesday 14th May 2024 to:

Ms Kathy Fong

Email: secretary@ausbadmintonopen.com

Telephone: +61 404 613 456