

VISA Request Form

PARTNER

Name - _____ Surname - _____ Date of birth - _____

Address - _____ City - _____

State/Province - _____ Postal Code - _____ Country - _____

Telephone - _____ Email - _____

Passport number - _____ Date of issue - _____ Expiry Date - _____

Date & Signature - _____

LADY

Name - _____ Surname - _____ Date of birth - _____

Address - _____ City - _____

State/Province - _____ Postal Code - _____ Country - _____

Telephone - _____ Email - _____

Passport number - _____ Date of issue - _____ Expiry Date - _____

Date & Signature - _____

HOTEL INFORMATION

Hotel name - _____

Address - _____ City - _____

Check-in date - _____ Check-out date - _____

***Note:** Send this form to the *Spanish Dancesport Federation* by fax to +34 93 455 70 78, or by email to info@febd.es, and attach a copy of your passport.