

# LIST OF PARTICIPANTS

## LISBON SINGS 2024



Choir / Ensemble:
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Ref.-number of your choir/ensemble: <b>P24-</b>
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### Contact person of the group

First name:
Last name:
Address:
Zip code:
City:
Country:
Phone:
Fax:
E-mail:
Mobile:

### Embassy where you apply for your visas

Name of embassy:
Address:
Zip code:
City:
Country:
Phone:
Fax:
E-mail:

### Total of persons:

Participants (incl. accompanying persons):	
Reserve (max. 5 persons):	+
Total:	=

\_\_\_\_\_  
Signature contact person

# LIST OF PARTICIPANTS



Ref.-number of your choir/ensemble: **P24-**

## List of RESERVE (Please fill out ONLY if needed!):

	First name	Last name	Gender (M/F)	Date of birth DD-MM-YYYY	City of birth	Passport number	Issued in (city)	City of residence	Nationality
R01									
R02									
R03									
R04									
R05									

## List of PARTICIPANTS (incl. accompanying persons):

	First name	Last name	Gender (M/F)	Date of birth DD-MM-YYYY	City of birth	Passport number	Issued in (city)	City of residence	Nationality
001									
002									
003									
004									
005									
006									
007									
008									
009									
010									

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011									
012									
013									
014									
015									
016									
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027									
028									
029									
030									

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031									
032									
033									
034									
035									
036									
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047									
048									
049									
050									

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051									
052									
053									
054									
055									
056									
057									
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062									
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066									
067									
068									
069									
070									

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071									
072									
073									
074									
075									
076									
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082									
083									
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087									
088									
089									
090									

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091									
092									
093									
094									
095									
096									
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108									
109									
110									

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111									
112									
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114									
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116									
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130									