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| **School /Organization name and address** | | |  | | | |
| **Contact Person E-MAIL** | | |  | | | |
| **Phone and Mobile** | | |  | | | |
| **TEAM MEMBERS INFORMATION** | | | | | | |
| **№** | **FIRST NAME** | **LAST NAME** | | **DATE OF BIRTH**  (DD/MM/YYYY) | **PASSPORT or ID DETAILS** | |
| **№**  (number) | **DATEOF EXPIRY**  (passport)(DD/MM/YYYY) |
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| *Please send the completed registration by e-mail to* [***info@ayimi.org***](mailto:info@ayimi.org)  **photo** | | | | | | |

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