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| Competition Name: | | | | | |  | | | | | |  | | ***Forms***  **NEVZA - 05** |
| Senior | | | U17 / U19 | | | TEAM: |  | | | | |
| Men | | Women | Boys | Girls | |  |  | **TEAM REGISTRATION** | | | |
|  | |  |  |  | | CODE: |  |
| Shirt Nr | Surname & Name | | | | PERSONAL DATA | | | HIGHEST REACH | |  | | NATIONAL PARTICIPATION | | |
| Birth  Date | Weight  (kg) | Heihgt  (cm) | Spike  (cm) | 2Hands  Block | Club | Cntr | Senior | Youth | |
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|  | TEAM OFFICIALS (A maximum of 12 players, 4 staff + 1 referee is allowed) | | | | | | | | | COLOUR OF 2 UNIFORMS | | | | | | | | | |  |
|  | FUNCTION | | NAME & FIRST NAME | | | | |  | | PIECE | | MAIN | | No 2 | | | | No 3 | |  |
|  | 1. TEAM MANAGER | |  | | | | |  | | SHIRT | |  | |  | | | |  | |  |
|  | 2. HEAD COACH | |  | | | | |  | | SHORT | |  | |  | | | |  | |  |
|  | 3. ASSISTANT COACH | |  | | | | |  | |  | | | | | | | | | |  |
|  | 4. DOCTOR | FIVB/CEV ID Nr |  | | | |  |  | | **TRAVEL**  **INFO** | | **ARRIVAL** | | |  | **DEPARTURE** | | | |  |
|  | 5. PHYSIOTHERAPIST | |  | | | | |  | | **CITY OF** | |  | | |  |  | | | |  |
|  | EXTRA OFFICIALS (max 3)  Officials 5, 6, 7 and 8 are only accredited if necessary payments to the organizer have been made and agreement made with the organizer. | | | | | | |  | | **DATE** | |  | | |  |  | | | |  |
|  |  | | | | | | |  | | **TIME** | |  | | |  |  | | | |  |
|  | 6. | | |  | | | |  | | **FLIGHT** | |  | | |  |  | | | |  |
|  | 7. | | |  | | | |  | | **TRAIN** | |  | | |  |  | | | |  |
|  | 8. | | |  | | | |  | | **BUS** | |  | | |  |  | | | |  |
|  | WE THE UNDERSIGNED, DECLARE THAT, IN ACCORDANCE WITH THE OFFICIAL  REGULATIONS, THE REGISTERED COMPETITORS ARE QUALIFIED FOR THE COMPETITIONS | | | | | | | | | |  | |  | | | |  | |  | |
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|  | Secretary General |  | | | President | | | |  | |  | |  | | | |  | |  | |
|  |  | NATIONAL FEDERATION SEAL | | | Page 2/2 | | | | | | | | | | | | | | | |