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| COMPETITION NAME please “X” as appropriate | | | | | |  | | | |  | |  | | |  | |  | | |  | | | |  | | |  | | |  | | |  | | | | |
| Senior | | | | U17 / U19 | |  | | | | **TEAM:** |  | | | | | | | | | | | | | | | | |  | | *Form***NEVZA-05bis** | | |  | | | | |
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|  | |  | |  |  |  | | FINAL TEAM REGISTRATION | | | | | | | | | | | | | | | | | | |
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| **Shirt  N°** | NAME & FIRST NAME | | | | | | | |  | |  | | PERSONAL DATA | | | | | | | | **HIGHEST REACH** | | | | | CLUB TEAM | | | | | Country | **Matches played  for National Team** | | | | | |
| **Shirt Name** | | | | **Birth Date** | | | **Weight (kg)** | | **Height (m/cm)** | | | **Spike** | | **2Hands Block** | | | **Senior.** | | | **Youth** | | |
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|  | TEAM MANAGER | | | | | |  | | | | | | |  | |  | |  | | |  | |  | | |  | | | | |  |  | |  | |  | |
| **1** |  | | | | | | 3 ASSISTANT-COACH | | | | | | |  | | | | | | | | | | |  | CHOICE OF UNIFORMS | | | | | | | | | | |  |
|  | Signature | | | | | | **4 DOCTOR** | | | | | | |  | | | | | ID N° | | |  | | |  | **1** | | |  | | | | | | | |  |
|  | HEAD COACH | | | | | | **5 PHYSIOTHERAPIST** | | | | | | |  | | | | | | | | | | |  | **2** | | |  | | | | | | | |  |
| **2** |  | | | | | | **6 ACCREDITED  JOURNALIST \*** | | | | | | |  | | | | | | | | | | |  | **3** | | |  | | | | | | | |  |
|  | Signature | | | | | | **7\*\*** | | | | | | |  | | | | | | | | | | |  | **This form must be presented by the team to the CEV Technical Delegate / Jury during the Preliminary Inquiry** | | | | | | | | | | |  |
|  |  | | | | | | **8\*\*** | | | | | | |  | | | | | | | | | | |  |  |
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| **\* ACCREDITED JOURNALIST (6) is only to be considered part of the delegation if it is requested by the official regulations of the respective competition, otherwise he/she is to be considered as EXTRA OFFICIAL.**  **\*\* EXTRA OFFICIALS (7, 8 & 9) accredited if necessary payments to the organizers have been made.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |