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| COMPETITION NAMEplease “X” as appropriate |  |  |  |  |  |  |  |  |  |  |
| Senior | U17 / U19 |  | **TEAM:** |  |  |  *Form***NEVZA-05bis** |  |
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| **Shirt N°** | NAME & FIRST NAME |  |  | PERSONAL DATA | **HIGHEST REACH** | CLUB TEAM | Country | **Matches played for National Team** |
| **ShirtName** | **BirthDate** | **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\*\*** |  |  |  |
|  |  | **9\*\*** |  |  |  |  |
|  **\* 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.** |  |