COMPETITORS FAMILY NAME AND FIRST NAME SHIRT				TEAM: CODE						O-2 bis	S TEAM REC	GISTRATION	O3(EC	A
COMMYNYYY (Kg)	XT.	COMPETITORS			PERSONAL DATA			HIGHEST REACH					MATCHES PLAYED FOR NATIONAL TEAM		
1 Signature 5 PHYSIOTHERAPIST ID 2 HEAD COACH 6 TRAINER ID 3 2 Signature Signature Signature 8 SUPPORT STAFF 8 SUPPORT STAFF	SHIS		SHIRT NAME	POSIT				SPIKE	I		CLUB TEAM	Country		OLYMPIC GAMES	OTHERS
1 Signature 5 PHYSIOTHERAPIST ID 2 HEAD COACH 6 TRAINER ID 3 2 Signature Signature Signature 8 SUPPORT STAFF 8 SUPPORT STAFF															
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HEAD COACH 6 TRAINER 1D 3 1D 3 2 1D 1D 1THIS FORM MUST BE PRESENTED BY THE TEAM	1		4 DOCTOR						I	D		1			
2 7 JOURNALIST/ STATISTICIAN Signature OFFICIAL S.7 AND B ARF ONLY ACCREDITATED IF NECESSARY PAYMENTS TO THE ORGANIZER HAVE 8 SUPPORT STAFF THIS FORM MUST BE PRESENTED BY THE TEAM	Signature 5 PHYSIOTHERAF								I	D		2			
Signature OFFICIAL S.7 AND B ARE ONLY ACCREDITATED IF NECESSARY PAYMENTS TO THE ORGANIZER HAVE 8 SUPPORT STAFF THIS FORM MUST BE PRESENTED BY THE TEAM		HEAD COACH	6 TRAINER						I	D		3			
9 SUPPORT STAFF	2	OFFICIALS 7 AND 8 ARE ONLY ACCREDITATED IF NECESSARY PAYMENTS TO THE ORGANIZER	HAVE 8 SUPPORT	STAFF	IAN						THIS FORM M DEL	UST BE PRESENTED EGATE DURING THE	BY THE TEA PRELIMINA	AM TO THE RY INQUIRY	NORCECA '