TEAM:	

CODE:

FIVE NOTCECA
Volleyball confederation

0-2 TEAM REGISTRATION

SHIRT	COMPETITORS FAMILY NAME AND FIRST NAME	SHIRT NAME	POSITION	PERSONAL DATA		HIGHEST REACH				MATCHES PLAYED FOR NATIONAL TEAM			
				BIRTH DATE (DD/MM/YYYY)	WEIGHT (Kg)	HEIGHT (m/cm)	SPIKE	2 HAND BLOCK	CLUB TEAM Country	WORLD CHAMP.	OLYMPIC GAMES	OTHERS	
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TEAM OFFICIALS			COLOUR OF 3 UNIFORMS (INCLUDING ONE WHITE COLOUR)						
FUNCTION		FAMILY NAME AND FIRST NAME		PIECE	MAIN - Principal	No 2		No 3	
1 TEAM MANAGER				SHIRT					
2 HEAD COACH				SHORT					
3 ASSISTANT COACH							1		
4 DOCTOR	FIVB ID N°		N°						
5 PHYSIOTHERAPIST	FIVB ID N°		N°						
6 TRAINER	FIVB ID N°		N°						
7 ACCREDITED JOUR STATISTICIAN	NALIST/								
ADDITIONAL OFFICIALS (max. 2)								
OFFICIALS 7 AND 8 ARE ONLY ACCRES	DITATED IF NECESSARY P	AYMENTS TO THE ORGANIZER HAVE BEEN MADE							
8 SUPPORT STAFF				THIS FORM MUST BY THE ORGANIZ	BE RECEIVED ER NO LATER THAN:				
9 SUPPORT STAFF						DAY	MONTH	YEAR	
WE, the undersigned, DE	ECLARE that the i	nformation provided in the O-2 Form							
Secretary	General		NF SEAL						