

TEAM: Select Country

CODE: Select Code

FIVB

NORCECA Volleyball Confederation

O-2 TEAM REGISTRATION

SHIRT	COMPETITORS FAMILY NAME AND FIRST NAME	SHIRT NAME	POSITION	PERSONAL DATA			HIGHEST REACH		CLUB TEAM		MATCHES PLAYED FOR NATIONAL TEAM		
				BIRTH DATE (DD/MM/YYYY)	WEIGHT (Kg)	HEIGHT (m/cm)	SPIKE	2 HAND BLOCK		Country	WORLD CHAMP.	OLYMPIC GAMES	OTHERS
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OH= OUTSIDE HITTER / **MB=** MIDDLE BLOCKER / **OP=** OPPOSITE PLAYER / **L=** LIBERO / **S=** SETTER

TEAM OFFICIALS

FUNCTION		FAMILY NAME AND FIRST NAME		
1 TEAM MANAGER				
2 HEAD COACH				
3 ASSISTANT COACH				
4 DOCTOR	FIVB ID N°		N°	
5 PHYSIOTHERAPIST	FIVB ID N°		N°	
6 TRAINER	FIVB ID N°		N°	
7 ACCREDITED JOURNALIST/ STATISTICIAN				

ADDITIONAL OFFICIALS (max. 2)

OFFICIALS 7 AND 8 ARE ONLY ACCREDITATED IF NECESSARY PAYMENTS TO THE ORGANIZER HAVE BEEN MADE

8 SUPPORT STAFF	
9 SUPPORT STAFF	

COLOUR OF 3 UNIFORMS
(INCLUDING ONE WHITE COLOUR)

PIECE	MAIN - Principal	No 2	No 3
SHIRT			
SHORT			

THIS FORM MUST BE RECEIVED BY THE ORGANIZER NO LATER THAN:	DAY	MONTH	YEAR

WE, the undersigned, DECLARE that the information provided in the O-2 Form is accurate.

Secretary General

President

NF SEAL