

TEAM: Select Country

CODE: Select Code

FIVB NORCECA Volleyball Confederation

O-2 bis TEAM REGISTRATION

SHIRT	COMPETITORS FAMILY NAME AND FIRST NAME	SHIRT NAME	POSITION	PERSONAL DATA BIRTH DATE (DD/MM/YYYY)	WEIGHT (Kg)	HEIGHT (m/cm)	HIGHEST REACH SPIKE	2 HAND BLOCK	CLUB TEAM	Country	MATCHES PLAYED FOR NATIONAL TEAM WORLD CHAMP.	OLYMPIC GAMES	OTHERS
										Select			
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										Select			
										Select			

TEAM MANAGER

1 _____

Signature

HEAD COACH

2 _____

Signature

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

3 ASSISTANT COACH

4 DOCTOR ID

5 PHYSIOTHERAPIST ID

6 TRAINER ID

7 JOURNALIST/ STATISTICIAN

8 SUPPORT STAFF

9 SUPPORT STAFF

CHOICE OF UNIFORMS

1	
2	
3	

THIS FORM MUST BE PRESENTED BY THE TEAM TO THE NORCECA DELEGATE DURING THE PRELIMINARY INQUIRY

OH= OUTSIDE HITTER / **MB=** MIDDLE BLOCKER / **OP=** OPPOSITE PLAYER / **L=** LIBERO / **S=** SETTER