

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 |

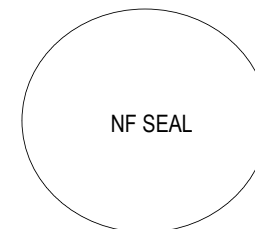
WE, the undersigned, DECLARE that the information provided in the O-2 Form is accurate.



Secretary General



President



NF SEAL