

TEAM: Select Country

CODE: Select Code



TEAM REGISTRATION

SHIRT	COMPETITORS		NOI	PERSONAL DATA			HIGHEST REACH			MATCHES PLAYED FOR NATIONAL TEAM		
	FAMILY NAME AND FIRST NAME	SHIRT NAME	POSITION	BIRTH DATE (DD/MIWYYYY)	WEIGHT (Kg)	HEIGHT (m/cm)	SPIKE	2 HAND BLOCK	CLUB TEAM Country	CHVIVID	OLYMPIC GAMES	OTHERS
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TEAM OFFICIALS						COLOUR OF 3 UNIFORMS (INCLUDING ONE WHITE COLOUR)						
FUNCTION		FAMILY NAME AND FI	RST NAME		PIECE	MAIN - Principal	No 2		No 3			
1 TEAMMANAGER					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 JOURI STATISTICIAN	NALIST/											
ADDITIONAL OFFICIALS (n	max. 2)											
OFFICIALS 7 AND 8 ARE ONLY ACCRED	ITATED IF NECESSARY	PAYMENTS TO THE ORGANIZER HAVE	E BEEN MADE		T. 110 F0D14 141 16	TTPE DECENTED						
8 SUPPORT STAFF		11			- I	ST BE RECEIVED IZER NO LATER THAN:						
9 SUPPORT STAFF		n			-		DAY	MONTH	YEAR			
WE, the undersigned, DE	CLARE that the	information provided in th	ne O-2 Form is accur	rate.			<u> </u>					
							NF SEAL					
							INI SEAL					
Secretary	General											