



**TEAM OFFICIALS**

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

**ADDITIONAL OFFICIALS (max. 2)**

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

8 SUPPORT STAFF	
9 SUPPORT STAFF	

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

Secretary General

President

**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	

