

**0-7****PRELIMINARY INQUIRY**  
Inspección PreliminarTEAM:  CITY:  DATE:  TIME:   
Equipo:  Ciudad:  Fecha:  Hora: **1.CHECKING OF TEAM OFFICIALS / Control de Oficiales del Equipo**HOTEL: 

|                                                   | FAMILY NAME, FIRST NAME<br>Nombres y Apellidos | NATIONALITY<br>Nacionalidad | ROOM<br>Habitación   | BENCH<br>Banca       |
|---------------------------------------------------|------------------------------------------------|-----------------------------|----------------------|----------------------|
| TEAM MANAGER<br>Delegado del Equipo               | <input type="text"/>                           | <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| HEAD COACH<br>Entrenador                          | <input type="text"/>                           | <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| 1st. ASSISTANT COACH<br>1er. Asistente Entrenador | <input type="text"/>                           | <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| MEDICAL DOCTOR/<br>Medico                         | <input type="text"/> ID# <input type="text"/>  | <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| PHYSIOTHERAPIST/<br>Fisioterapeuta                | <input type="text"/> ID# <input type="text"/>  | <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| TRAINER/<br>Entrenador Fisico                     | <input type="text"/> ID# <input type="text"/>  | <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| ACCRED. JOURNALIST/<br>STATISTICIAN               | <input type="text"/>                           | <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| SUPPORT STAFF                                     | <input type="text"/>                           | <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| SUPPORT STAFF                                     | <input type="text"/>                           | <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| CAPTAIN<br>Capitan                                | <input type="text"/>                           | <input type="text"/>        | <input type="text"/> | <input type="text"/> |

**2.CHECKING OF O-2bis DATA AND PASSPORTS / Control Formulario O-2bis, y pasaportes**

|                                          | OK                    | NO                    |                                       | OK                    | NO                    |                                                              | OK                    | NO                    |
|------------------------------------------|-----------------------|-----------------------|---------------------------------------|-----------------------|-----------------------|--------------------------------------------------------------|-----------------------|-----------------------|
| 1 NAMES<br>Nombres                       | <input type="radio"/> | <input type="radio"/> | 4 HEIGHTS<br>Estaturas                | <input type="radio"/> | <input type="radio"/> | 7 CLUBS OF ORIGIN<br>Club de Origen                          | <input type="radio"/> | <input type="radio"/> |
| 2 DATES OF BIRTH<br>Fechas de Nacimiento | <input type="radio"/> | <input type="radio"/> | 5 WEIGHTS<br>Pesos                    | <input type="radio"/> | <input type="radio"/> | 8 HIGHEST REACH : SPIKE<br>Alcance Maximo de Ataque          | <input type="radio"/> | <input type="radio"/> |
| 3 NATIONALITIES<br>Nacionalidades        | <input type="radio"/> | <input type="radio"/> | 6 JERSEY NUMBERS<br>Numeros Camisetas | <input type="radio"/> | <input type="radio"/> | 9 HIGHEST REACH : BLOCK 2 HANDS<br>Alcance Maximo de Bloqueo | <input type="radio"/> | <input type="radio"/> |
| REMARKS / Comentarios                    |                       |                       |                                       |                       |                       | 10 DOCTOR FIVB ACCREDITED<br>Doctor Acreditado FIVB          | <input type="radio"/> | <input type="radio"/> |

**3.TEAM UNIFORMS / Uniformes del Equipo**

OK NO

|                                                                  |                                           |                       |                       |
|------------------------------------------------------------------|-------------------------------------------|-----------------------|-----------------------|
| <b>COLORS /3 SETS</b><br>Colores / 3 Juegos                      | NUMBER/Numero: <input type="text"/>       | <input type="radio"/> | <input type="radio"/> |
|                                                                  | CONTRAST / Contraste <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SHIRTS / Camiseta</b><br>N° <input type="text"/>              | PLACE / Lugar <input type="text"/>        | <input type="radio"/> | <input type="radio"/> |
|                                                                  | SIZE - Talla: <input type="text"/>        | <input type="radio"/> | <input type="radio"/> |
|                                                                  | CONTRAST / Contraste <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| <b>SHORT / Pantalón</b><br>Corto N° <input type="text"/>         | PLACE / Lugar <input type="text"/>        | <input type="radio"/> | <input type="radio"/> |
|                                                                  | SIZE - Talla: <input type="text"/>        | <input type="radio"/> | <input type="radio"/> |
|                                                                  | CONTRAST / Contraste <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| <b>PLAYERS NAMES</b><br>Nombre de Jugadores <input type="text"/> | PLACE / Lugar <input type="text"/>        | <input type="radio"/> | <input type="radio"/> |
|                                                                  | SIZE - Talla: <input type="text"/>        | <input type="radio"/> | <input type="radio"/> |
|                                                                  | CONTRAST / Contraste <input type="text"/> | <input type="radio"/> | <input type="radio"/> |
| <b>MANUFACTURER</b><br>Fabricante <input type="text"/>           |                                           | <input type="radio"/> | <input type="radio"/> |
| <b>PUBLICITY</b><br>Publicidad <input type="text"/>              |                                           | <input type="radio"/> | <input type="radio"/> |

**4.MEDICAL ITEMS / Documentos Medicos**

OK NO

|                                                                                              |                       |                       |
|----------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| <b>1 HEALTH CERTIFICATE (M-3)</b><br>Certificado de Salud                                    | <input type="radio"/> | <input type="radio"/> |
| <b>2 PLAYERS AND OFFICIALS AGREEMENT (L-1)</b><br>Acuerdo de Jugadores y Oficiales (L-1)     | <input type="radio"/> | <input type="radio"/> |
| <b>3 MEDICAL CERTIFICATE</b><br>Certificado Medico                                           | <input type="radio"/> | <input type="radio"/> |
| <b>4 THERAPEUTIC USE EXEMPTION (M-8)</b><br>Exención de uso Terapéutico (M-8)                | <input type="radio"/> | <input type="radio"/> |
| <b>5 NORCECA Anti-Doping Players ID (L2)</b>                                                 | <input type="radio"/> | <input type="radio"/> |
| <b>6 FIVB Play Clean Player Certificate (L3)</b>                                             | <input type="radio"/> | <input type="radio"/> |
| <b>7 FIVB Course on Prevention of Competition Manipulation Certificate (L4)</b>              | <input type="radio"/> | <input type="radio"/> |
| <b>8 PCR (COVID-19 test)</b>                                                                 | <input type="radio"/> | <input type="radio"/> |
| <b>5 TRAVEL ARRANGEMENTS / Itinerario de Viaje</b>                                           | OK                    | NO                    |
| <b>1 DEPARTURE AFTER ELIMINATION ARRANGED</b><br>Itinerario de Salida después de eliminación | <input type="radio"/> | <input type="radio"/> |
| <b>2 SEGURO DE EQUIPO (TEAM INSURANCE)</b>                                                   | <input type="radio"/> | <input type="radio"/> |

REMARKS /  
Comentarios:

**6. INSTRUCTIONS, INFO AND DOCUMENTS HANDED OVER BY THE O.C./ Instrucciones, Informaciones y Documentos entregados por C. O.**

|                                                                 | OK                    | NO                    |                                                                                        | OK                    | NO                    |
|-----------------------------------------------------------------|-----------------------|-----------------------|----------------------------------------------------------------------------------------|-----------------------|-----------------------|
| 1 REGISTRATION FEE<br>Cuota de Inscripción                      | <input type="radio"/> | <input type="radio"/> | 9 PHOTOCOPIES OF PLAYERS PASSPORT<br>Fotocopias Pasaportes de los Jugadores            | <input type="radio"/> | <input type="radio"/> |
| 2 ANTI-DOPING FEE<br>Cuota de Antidopaje                        | <input type="radio"/> | <input type="radio"/> | 10 ADDITIONAL TEAM STAFF PAYMENT<br>Pago Personal Adicional del Equipo                 | <input type="radio"/> | <input type="radio"/> |
| 3 50% REFEREE PER DIEM PAYMENT<br>50 % Pago Per Diem del Abitro | <input type="radio"/> | <input type="radio"/> | 11 EVENT HANDBOOK<br>Manual del Evento                                                 | <input type="radio"/> | <input type="radio"/> |
| 4 GENERAL TECHNICAL MEETING<br>Reunion Tecnica General          | <input type="radio"/> | <input type="radio"/> | 12 COMPETITION REGULATIONS<br>Regulaciones de Competencia                              | <input type="radio"/> | <input type="radio"/> |
| 5 OPENING CEREMONY<br>Ceremonia de Apertura                     | <input type="radio"/> | <input type="radio"/> | 13 TRAINING SCHEDULE<br>Calendario de Entrenamiento                                    | <input type="radio"/> | <input type="radio"/> |
| 6 TRANSPORTATION<br>Transportacion                              | <input type="radio"/> | <input type="radio"/> | 14 COMPETITION FORMAT / MATCH SCHEDULE<br>Formato de compentecia y Calendario          | <input type="radio"/> | <input type="radio"/> |
| 7 MEALS<br>Alimentacion                                         | <input type="radio"/> | <input type="radio"/> | 15 ACCREDITATION CARDS<br>Acreditaciones                                               | <input type="radio"/> | <input type="radio"/> |
| 8 NATIONAL ANTHEM & FLAG<br>Himno Nacional y Bandera            | <input type="radio"/> | <input type="radio"/> | 16 AUTHORIZATION FOR TEAM VIDEO CAMERA<br>Autorizacion para Camara de Video del Equipo | <input type="radio"/> | <input type="radio"/> |

REMARKS / Comentarios:

**7. VOLLEYBALL EQUIPMENT PROVIDED / Utileria de Voleibol Suministrada**

|                                                  | OK                    | NO                    |                   | OK                    | NO                    |
|--------------------------------------------------|-----------------------|-----------------------|-------------------|-----------------------|-----------------------|
| 1 BALLS FOR TRAINING<br>Balones de Entrenamiento | <input type="radio"/> | <input type="radio"/> | 3 OTHERS<br>Otros | <input type="radio"/> | <input type="radio"/> |
| 2 TOWELS<br>Toallas                              | <input type="radio"/> | <input type="radio"/> |                   |                       |                       |

REMARKS / Comentarios:

**8. AUTHORIZED SIGNATURES / Firmas Autorizadas :****DELEGATION / Delegacion**TEAM MANAGER  
Delegado del Equipo

NAME / Nombre

SIGNATURE / FIRMA

HEAD COACH  
Entrenador

NAME / Nombre

SIGNATURE / FIRMA

**CONTROL COMMITTEE / Comité de Control**CC. PRESIDENT  
Presidente CC

NAME / Nombre

SIGNATURE / FIRMA

COMPETITION DIRECTOR  
Director de Competencias

NAME / Nombre

SIGNATURE / FIRMA

**ORGANIZING COMMITTEE / Comité Organizador**

NAME / Nombre

SIGNATURE / FIRMA