



TEAM: [REDACTED]

CODE: [REDACTED]

0-2 TEAM REGISTRATION

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

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

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

