



**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/<br>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

