TEAM: Select Country

CODE: Select Cod

FIVB

NORCECA Volleyball Confederation

O-2 bis TEAM REGISTRATION

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

TEAM MANAGER

1 _____

Signature

HEAD COACH

2 _____

Signature

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

3 ASSISTANT COACH

4 DOCTOR ID

5 PHYSIOTHERAPIST ID

6 TRAINER ID

7 JOURNALIST/ STATISTICIAN

8 SUPPORT STAFF

9 SUPPORT STAFF

CHOICE OF UNIFORMS

1	
2	
3	

THIS FORM MUST BE PRESENTED BY THE TEAM TO THE NORCECA DELEGATE DURING THE PRELIMINARY INQUIRY

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