

**BV-05**

# CEV BEACH VOLLEYBALL ACCREDITATION OF A COACH / HEAD OF DELEGATION



The National Federation of \_\_\_\_\_ requests accreditation for the following person:

<b>LAST NAME</b>		<b>FIRST NAME</b>	
<b>DATE OF BIRTH</b>		<b>NATIONALITY</b>	
<b>EMAIL</b>			

as **coach** **head of delegation** of the following team:

Shirt #	FIVB #	Last name	First name
1			
2			

The accreditation is requested for the following competition(s):

	DATE	EVENT CATEGORY	VENUE / COUNTRY
		Masters	
		Masters	
		Masters	
		Masters	
		European Championship Final	
		U_____ European Championship	
		Satellite	
		Satellite	
		Satellite	
		Satellite	
		CEV Youth Continental Cup	

Name of the President and/or Secretary General (printed)	<p>Seal of the National Federation</p>
Signature of the President and/or Secretary General	
Date and Venue	

**The accreditation request is subject to confirmation by the organisers and shall be forwarded directly to the organisers the latest seven (7) days before the start of the respective competition.**

**Each team has the opportunity to accredit up to 2 person per event. By this form the NF concerned confirms the role of the accredited person(s) and their awareness of rights and obligations within the event. Accreditation entitles the person concerned to use the services and access the areas explicitly provided to the specific category.**