## **BV-LR**

## CEV BEACH VOLLEYBALL LOCAL REFEREE REGISTRATION



in the	National Federation of				nominat	es the listed	referees to	o officiate
Name of the competition:								
Date and venue of the competition:								
Number of venues: Number of Competition Courts:								
Nr.	Last Name, First Name	NF*	Age	FIVB ID	Status*	Activity*	#*	ENG
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
rese	erve							
Refereeing Manager (mandatory, supporting the CEV Referee Delegate on site)								
							N/A	
*Explanations: NF: Referee's National Federation of origin (3 letter country code) Status: International (I), International Candidate (IC), National (N) Beach Volleyball referee Activity: Year of first activity as Beach Volleyball referee #: Number of matches officiated in the highest national BV competition(s) in the previous year ENG: Ability to communicate in English (Good/Fluent)  Insufficient skills or qualification entitles the European Refereeing Commission to decline a nomination from this list and appoint suitable substitutes at the organiser's costs.								
Name (printed) and Signature of the President of the National Refereeing Commission								
Signature of the President and/or Secretary General						Seal of the National Federation		
Date	e and Venue							

The form must be mailed to CEV Beach Volleyball dept (<a href="maileo-beach@cev.eu">beach@cev.eu</a>) within the set by the event category Masterplan timeline