

BV-05

CEV BEACH VOLLEYBALL ACCREDITATION OF A COACH / HEAD OF DELEGATION



The National Federation of _____ requests accreditation for the following person:

LAST NAME		FIRST NAME	
DATE OF BIRTH		NATIONALITY	
EMAIL			

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

Shirt #	FIVB #	Last name	First name
1			
2			

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

DATE	EVENT CATEGORY	VENUE / COUNTRY
	European Championships	
	Nations Cup_____	
	Queen & King of the Court European Finals	
	U____ European Championships	
	European Cup	

This form must be sent directly to the organiser within the timeline indicated for the respective competition. The request is subject to confirmation and entitles the person concerned to access certain areas as defined by the venue zoning.

In the event categories that the accreditation allows a coach access to the Field of Play, the respective CEV Coaching Regulations are enforced and binding for the applicants.

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	