

SV-05

CEV SNOW VOLLEYBALL ACCREDITATION OF A COACH



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

LAST NAME		FIRST NAME	
DATE OF BIRTH		NATIONALITY	
EMAIL			

For the following team:

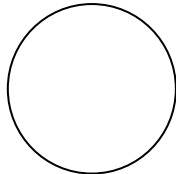
TEAM Name	ATHLETES LAST NAMES:

The authorisation is requested for the following competition:

DATE	EVENT CATEGORY	VENUE / COUNTRY
	EuroSnowVolley	
	U____ Snow Volleybal European Championships	

This form must be submitted in a way described and within the timeline indicated in the Practical Information document 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)	 Seal of the National Federation
_____ Signature of the President and/or Secretary General	
_____ Date and Venue	