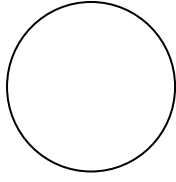


**BV-OC****CEV BEACH VOLLEYBALL  
ORGANISATIONAL CHART**

<b>Competition Title:</b>		<b>Men Women</b>
<b>Competition Country &amp; Venue:</b>		
<b>Competition Dates:</b>		

	<b>Name</b>	<b>Mobile</b>	<b>Email</b>
Tournament Director:			
NF Delegate:			
Hygiene Officer:			
<b>ADMINISTRATIVE AREA</b>			
Finance Director:			
Administrative Director:			
<b>TECHNICAL AREA</b>			
Competition Director:			
Operational Director:			
Medical Services Director:			
Referee Manager:			
Court Manager:			
Technical & VIS Manager:			
<b>PROMOTIONAL AREA</b>			
Promotion & Marketing Director:			
Media Operations Director:			
Sport Presentation Manager:			
Photographer:			

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

Please return this form duly completed to [beach@cev.eu](mailto:beach@cev.eu)