SV-04

CEV SNOW VOLLEYBALL TEAM TRAVEL SCHEDULE



The National Federation ofschedule for the following competition:		s submitting the team travel
Name of the Competition:		
Venue and date:		
TEAM Name:		
Number of athletes:	3	4
Athletes last names:		
Coach (in case entitled for local transportation)		
Name, email / phone # of team representative (captain, coach)		
	Arrival:	
Arrival date & time:		
Arriving from airport/city:		
Arrival flight# & carrier:		
Departure:		
Departure date & time:		
Departure to airport/city:		
Departure flight# & carrier:		
This form must be submitted in a way described and within the timeline indicated in the Practical Information document for the respective competition. Late submission may lead to inability to offer the service.		
Name of the President and/or Secretary Signature of the President and/or Sec		
		Seal of the National Federation
Date and Venue		