

TEAM WITHDRAWAL REQUEST FORM **BVB/03**

This form must be completed by the National Federation of the team concerned and sent to the FIVB Beach Volleyball Department from the date when the Confirmed Entry List is published until 1 minute before start of the Preliminary Inquiry of Qualification or Main Draw Tournament.

GENDER	MEN <input type="checkbox"/>	WOMEN <input type="checkbox"/>
TOURNAMENT CATEGORY/ TOURNAMENT TITLE		
HOST CITY/COUNTRY		

- For the **Futures category events organised in Europe**, this form must be addressed to CEV at beach@cev.eu within the set timeframe and with a copy to beachvolleyball@fivb.com.
- For the Futures category events organised in other confederations territory, this form must be sent to the FIVB Beach Volleyball Department at beachvolleyball@fivb.com.

The National Federation of

Requests a withdrawal of the following team registered for the above event:

MAIN DRAW TOURNAMENT **QUALIFICATION TOURNAMENT** **RESERVE**

TEAM NAME	FIVB ID#	LAST NAME <small>TYPEWRITTEN (OR CAPITAL LETTER)</small>	FIRST NAME <small>TYPEWRITTEN (OR CAPITAL LETTER)</small>

The Medical Certificate must be submitted separately with the BVB/03 form and must include the doctor's official stamp and signature.

Reasons of force majeure

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Important note: all necessary documents must be provided as per the Sport Regulations.

NF AUTHORISED SIGNATURE	SEAL OF THE NF	PLACE AND DATE
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