

**From -21 days to -1 minute before the start
 of the Preliminary Inquiry of QT or MD**

BVB/04



2021 CHANGE OF PLAYER REQUEST

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

FOR THE STAR-1/STAR-2 EVENTS ORGANISED IN EUROPE THE FORM SHOULD BE ADDRESSED DIRECTLY TO THE CEV AT BEACH@CEV.EU WITHIN THE SET TIMEFRAME AND WITH A COPY TO WORLDTOUR@FIVB.COM

FOR THE STAR-1/STAR-2 EVENTS ORGANISED IN ASIA THE FORM SHOULD BE ADDRESSED DIRECTLY TO THE AVC AT BEACHWORLDTOUR@ASIANVOLLEYBALL.NET WITHIN THE SET TIMEFRAME AND WITH A COPY TO WORLDTOUR@FIVB.COM

For the details of the regulations concerning withdrawals and change of player, please refer to the Sports Regulations.

THE NATIONAL FEDERATION OF.....

REQUESTS THE CHANGE OF AN ATHLETE IN THE EVENT MARKED ABOVE:

WITHDRAWAL OF AN ATHLETE

SHIRT #	TEAM NAME	FIVB ID#	LAST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>	FIRST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>
Player #1				

THE REQUEST FOR REPLACEMENT IS AS FOLLOWS:

SHIRT #	TEAM NAME	FIVB ID#	LAST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>	FIRST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>
Player #1				

THE NEW TEAM COMPOSITION REQUEST IS AS FOLLOWS:

SHIRT #	TEAM NAME	FIVB ID#	LAST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>	FIRST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>
Player #1				
Player #2				

MEDICAL CERTIFICATE (or attached)

.....
 NAME/SIGNATURE OR STAMP OF THE MEDICAL DOCTOR DATE AND PLACE

REASON OF FORCE MAJEURE (Documentation attached as per the Sports Regulations)

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NF AUTHORISED SIGNATURE	SEAL OF THE NF	PLACE AND DATE
.....	