

EEVZA-V-01



**EEVZA Volleyball  
Team registration form**

The National federation of \_\_\_\_\_

hereby registers a team for the

**2016 Eastern European Zonal Volleyball Association**

**AGE Championship**

Title of the Championship	
Competition method	
Competition dates and venue	
Hosting Federation	

<i>Name of President or Secretary General</i>	
<i>Signature</i>	
<i>Date and venue</i>	<i>Seal of NF</i>

***This form to be dully completed and returned to the EEVZA Office 3 months before the starting of each conerned tournament at latest by e-meil [inara@volejbols.lv](mailto:inara@volejbols.lv)***