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U-EEVZA-BVB-03

**EEVZA BEACH VOLLEYBALL YOUTH TEAMS REGISTRATION**

The National federation of hereby registers **boy/girl** team

***Team name***

*(if there is more than one team in the same age group please indicate, if it’s a team No.1, 2, etc.)*

*for participating in*

*(Name of competition – U18/ U16)*

|  |  |
| --- | --- |
|  | ***PLAYER A*** |
| *First name* |  |
| *Last name* |  |
| *Date of birth* |  |
| *Nationality* |  |
| *Passport No.* |  |

|  |  |
| --- | --- |
|  | ***PLAYER B*** |
| *First name* |  |
| *Last name* |  |
| *Date of birth* |  |
| *Nationality* |  |
| *Passport No.* |  |

|  |  |
| --- | --- |
|  | ***COACH*** |
| *First name* |  |
| *Last name* |  |
| *Phone No.* |  |
| *E-mail* |  |

|  |  |
| --- | --- |
|  |  |
| ***Name of President or Secretary General*** |
|  |
| ***Signature*** |
|  |
| ***Date and venue*** | ***Seal of NF*** |

This form must be sent in to EEVZA Office (info@ltf.lt) at least 5 days before the start of the tournament in question.

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