



*This form must be sent to the **Host Federation** and the AVC Beach Volley Council at the Latest 30 days before an AVC beach volleyball event in which a team plays.*

CATEGORY:	<input type="checkbox"/> MEN	<input type="checkbox"/> WOMEN
TITLE OF THE EVENT:	
COMPETITION SITE: (city) (country)
DATE OF THE EVENT:/...../.....	

THE NATIONAL FEDERATION OF:HEREBY ENTERS THE FOLLOWING TEAMS IN THE ABOVE MENTIONED EVENT:

TEAM	Shirt #	LAST NAME	FIRST NAME	NICKNAME	FIVB ID#
1 w	#1				
	#2				
2 w	#1				
	#2				
3 w	#1				
	#2				
1 m	#1				
	#2				
2 m	#1				
	#2				
3 m	#1				
	#2				

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