



2025 DIBF EUROCUP

Men & Women

04-07 June 2025
Larissa, GREECE



PRELIMINARY NAME REGISTRATION FORM 2

Please, type the names to avoid errors:

CLUB / TEAM NAME:	
COUNTRY:	
GENDER:	MEN <input type="checkbox"/> WOMEN <input type="checkbox"/>
POSTAL ADDRESS:	
CONTACT NAME:	
EMAIL ADDRESS:	
MOBILE SMS:	(Please include your country code)

PLAYERS

N.	Family Name	Given Name	Date of birth (DD/MM/YYYY)	ID ICSD	OTHER CLUB/COUNTRY	COUNTRY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

DEADLINE: 04 MAY 2025

Please send the form to DIBF: europa@dibf.org



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Please, type the names to avoid errors:

OFFICIALS

N.	Family Name	Given Name	Date of Birth (DD MM YYYY)	Role*
1				
2				
3				
4				
5				
6				
7				

* Role = Head Coach, Assistant Coach, Leader/Director/Manager, Medical (*doctor, trainer, masseuse, first aid worker, physiotherapist*), Interpreter

DECLARATION OF UNDERSTANDING

We hereby certify that the statements and information contained in this application form are true and correct to the best of my knowledge. We and our players declare that we have read the eligibility conditions for the Deaf Basketball Eurocup and that we will comply with them. We agree to be filmed or photographed during the Deaf Basketball Eurocup for purposes authorized by the DIBF.

We hereby certify that the all named players are DEAF, citizens of our country, and that they are registered under appropriate gender.

Date and place

President
National Deaf Sports Federation

President
Deaf Basketball Club

Important Deadline Dates:

- **04 May 2025** - Preliminary Name Registration Form (20 Players) – Form 2
- **27 May 2025** - Final Name Registration Form (12 Players) – Form 3

DEADLINE: 04 MAY 2025

Please send the form to DIBF: europa@dibf.org