



# 2026 DIBF EUROCUP

Men & Women



11-14 November 2026  
Lodz, POLAND

## PRELIMINARY NAME REGISTRATION FORM 3

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: 11 OCTOBER 2026

Please send the form to DIBF: [europe@dibf.org](mailto:europe@dibf.org)



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## PRELIMINARY NAME REGISTRATION FORM 3

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.

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Date and place

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President  
National Deaf Sports Federation

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President  
Deaf Basketball Club

#### Important Deadline Dates:

- **11 October 2026** - Preliminary Name Registration Form (20 Players) – Form 3
- **04 November 2026** - Final Name Registration Form (12 Players) – Form 4

**DEADLINE: 11 OCTOBER 2026**

Please send the form to DIBF: [europe@dibf.org](mailto:europe@dibf.org)