



2026 DIBF EUROCUP

Men & Women

11-14 November 2026
Lodz, POLAND



PLAYER LIST FORM OF NATIONAL CHAMPIONSHIP FORM 6

Please, type the names to avoid errors:

CLUB NAME:				
COUNTRY:				
GENDER:	MEN <input type="checkbox"/>	WOMEN <input type="checkbox"/>		
PLACE:	1 st Place <input type="checkbox"/>	2 nd Place <input type="checkbox"/>	3 rd Place <input type="checkbox"/>	4 th Place <input type="checkbox"/>

N.	JERSEY NUMBER	GIVEN NAME	FAMILY NAME
1			
2			
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11			
12			

DECLARATION OF UNDERSTANDING

We hereby certify that the statements and information in this application form are true and correct to the best of my knowledge.

Date and place

Signature and stamp of
National Deaf Sports Federation

DEADLINE: After your National Championships and Copy of report in English

PLEASE SEND THE FORM TO: europe@dibf.org