



# 2026 DIBF EUROCUP

Men & Women

11-14 November 2026  
Lodz, POLAND



## FINAL TEAM REGISTRATION FORM 2

Please, type the names to avoid errors:

CLUB / TEAM NAME:		
COUNTRY:		
GENDER:	MEN <input type="checkbox"/>	WOMEN <input type="checkbox"/>
TEAM ENTRY FEE:	€ 300,00 <i>(THREE HUNDRED EUROS) WITH COPY OF THE BANK TRANSFER (€ 200,00 - MEMBERS EUROCUP + € 100,00 - DEPOSIT)</i>	

POSTAL ADDRESS:		
CONTACT NAME:		
EMAIL ADDRESS:		
MOBILE SMS:	(Please include your country code)	

**TEAM FINAL REGISTRATION DEADLINE - 11 JUNE 2026  
(FIRST IN, FIRST SERVED BASIS - 16 MEN AND 12 WOMEN)**

To officially verify participation for a team unable to transfer the funds to their DIBF account, please attach a copy of the team receipt. Be sure to pay the €300 (three hundred euros) fee. Failure to pay or withdrawing at the last minute will result in the team being immediately disqualified from the entire tournament with a score of 0-20 and suspended from the next DIBF EuroCup tournament.

### 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.

Name of Bank: Bank Leumi LLB  
Number of Branch: 835  
Address of Branch: 52a Hadekel Street, Tel Mond 40600, ISRAEL  
Number of Account: 019065/64  
Swift Number: LUMII LIT  
IBAN: IL 26 0108 3500 0000 1906 544  
Name of Account: Deaf International Basketball Federation in trust of Yaakov Keren

Date and place

Signature and stamp of  
National Deaf Sports Federation

Signature of  
Deaf Basketball Club

**DEADLINE: 11 JUNE 2026**

**PLEASE SEND THE FORM TO: [europe@dibf.org](mailto:europe@dibf.org)**  
*(DIBF Europe will issue confirmation of form received)*