



# 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 (THREE HUNDRED EUROS) WITH COPY OF THE BANK TRANSFER (€ 200,00 - MEMBERS EURO CUP + € 100,00 - DEPOSIT)

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: LUMIL 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: [europa@dibf.org](mailto:europa@dibf.org)  
(DIBF Europe will issue confirmation of form received)