



# 2026 DIBF EUROCUP

Men & Women

11-14 November 2026  
Lodz, POLAND



## FINAL NAME REGISTRATION FORM 4

Please, type the names to avoid errors:

CLUB / TEAM NAME:			
COUNTRY:			
GENDER:	MEN <input type="checkbox"/>	WOMEN <input type="checkbox"/>	
UNIFORM COLOURS:	LIGHT:		DARK:

N.	Jersey number	Family Name	Given Name	Date of Birth (DD MM YYYY)	ID ICSD	CLUB NAME	COUNTRY
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

#	Family Name	Given Name	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 in this application form are true and correct to the best of my knowledge.

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
Signature of  
TD DIBF Europe

DEADLINE: **04 NOVEMBER 2026**

PLEASE SEND THE FORM TO: [europe@dibf.org](mailto:europe@dibf.org)