



# 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)