



2026 DIBF EUROCUP

Men & Women

11-14 November 2026
Lodz, POLAND



PRELIMINARY TEAM REGISTRATION FORM 1

Please, type the names to avoid errors:

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

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

**TEAM REGISTRATION DEADLINE - 11 APRIL 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.

Date and place

Signature and stamp of
National Deaf Sports Federation

Signature of
Deaf Basketball Club

DEADLINE: 11 APRIL 2026

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