



2026 DIBF EUROCUP

Men & Women

11-14 November 2026
Lodz, POLAND



NATIONAL CHAMPIONSHIP INFORMATION FORM 5

Please, type the names to avoid errors:

COUNTRY:		
PLACE:		
DATE:		
GENDER:	MEN <input type="checkbox"/>	WOMEN <input type="checkbox"/>

POSITION	CLUB TEAM	EMAIL ADDRESS
1°		
2°		
3°		
4°		
5°		
6°		
7°		
8°		
9°		
10°		

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

DEADLINE: After your National Championships

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