



2026 DIBF EUROCUP

Men & Women

11-14 November 2026

Lodz, POLAND



FLIGHT INFORMATION FORM

Please, type the names to avoid errors:

CLUB / TEAM NAME:	
COUNTRY:	
NUMBER OF PEOPLE:	

ARRIVAL

AIRPORT CITY:	
DAY:	
TIME:	
FLIGHT NUMBER:	

DEPARTURE

AIRPORT CITY:	
DAY:	
TIME:	
FLIGHT NUMBER:	

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

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
Deaf Basketball Club

DEADLINE: 30 SEPTEMBER 2026

PLEASE SEND THE FORM TO: 2026dibfeurocup@gmail.com