



# 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:	<i>(Please include your country code)</i>

### 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](mailto:2026dibfeurocup@gmail.com)