BVB-27 PERSONAL DATA FOR OFFICIALS

Date and Place

Confidential Data for the Exclusive Use of the FIVB



Please fill out in capital letter and return this form only via email to the FIVB

FUNCTION/RESPONSIBILITY IN THE FIVB BEACH VOLLEYBALL EVENT

PERSONAL DATA	
LAST NAME	
FIRST NAMEBIRTHDATE//1	9
STREET N ^O PLACE	BIRTH
CITYNATIONALITY	
ZIP CODE COUNTRY	
TELEPHONE	
PRIVATE FAX	OFFICE FAX
EMAIL	EMAIL
PHYSICAL DATA	
HEIGHT (cm)	BLOOD GROUP RHESUS
TRAVEL DATA	
PASSPORT N ^O	DATE OF ISSUE/ VALID UNTIL
CLOSEST INTERNATIONAL AIRPORT	
	ect and complete and I authorize the FIVB to use such information on a f our agreement. I will immediately inform the FIVB of any changes in r to avoid any inconvenience or delays.

Signature