

BVB-27 PERSONAL DATA FOR OFFICIALS

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 NAME _____ SEX _____

BIRTHDATE ____/____/19____

STREET N° _____ BIRTH _____

PLACE _____

CITY _____

NATIONALITY _____

ZIP CODE _____ COUNTRY _____

PRIVATE { TELEPHONE _____
—
FAX _____
—
EMAIL _____

OFFICE { TELEPHONE _____
FAX _____
EMAIL _____

PHYSICAL DATA

HEIGHT (cm) _____

BLOOD GROUP _____

RHESUS _____

TRAVEL DATA

PASSPORT N° _____
____/____/____

DATE OF ISSUE ____/____/____ VALID UNTIL

CLOSEST INTERNATIONAL AIRPORT _____

I hereby declare that all above information is correct and complete and I authorize the FIVB to use such information on a confidential basis for the execution of the terms of our agreement. I will immediately inform the FIVB of any changes in the above information as soon as possible in order to avoid any inconvenience or delays.

Date and Place

Signature