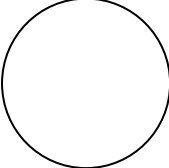


**BV-OC****CEV BEACH VOLLEYBALL  
ORGANIZATIONAL CHART**

<b>Competition Title:</b>		<b>Men Women</b>
<b>Competition Country &amp; Venue:</b>		
<b>Competition Dates:</b>		

	<b>Name</b>	<b>Mobile</b>	<b>Email</b>
Tournament Director:			
NF Delegate:			
<b>ADMINISTRATIVE AREA</b>			
Finance Director:			
Administrative Director:			
<b>TECHNICAL AREA</b>			
Competition Director:			
Operational Director:			
Events Doctor:			
Referee Manager:			
Court Manager:			
Technical & BVIS Manager:			
<b>PROMOTIONAL AREA</b>			
Promotion & Marketing Director:			
Media Operations Director:			
Photographer:			
Announcer:			

_____ Name of the President and/or Secretary General (printed)	 Seal of the National Federation
_____ Signature of the President and/or Secretary General	
_____ Date and Venue	

**Please return this form duly completed no later than 3 months before the event to:  
Email: [beach@cev.lu](mailto:beach@cev.lu)**