

From -21 days to -1 minute before the start of the Preliminary Inquiry of QT or MD

BVB/03



2017/2018 WITHDRAWAL REQUEST

GENDER	MEN <input type="checkbox"/>	WOMEN <input type="checkbox"/>
TOURNAMENT CATEGORY	For the Star-1/Star-2 events organised in Europe the form should be addressed directly to the CEV at beach@cev.lu within the set timeframe and with a copy to worldtour@fivb.org	
TOURNAMENT TITLE		
HOST CITY/COUNTRY		

THE NATIONAL FEDERATION OF.....

REQUESTS THE WITHDRAWAL FOR THE FOLLOWING TEAM IN THE EVENT MARKED ABOVE:

WITHDRAWAL OF A TEAM

SHIRT #	LAST NAME <small>TYPEWRITTEN (OR CAPITAL LETTER)</small>	FIRST NAME <small>TYPEWRITTEN (OR CAPITAL LETTER)</small>	NICKNAME <small>(IF ANY)</small>	FIVB ID#
#1				
#2				

For the details of the regulations concerning withdrawals, please refer to the 2018 Sports Regulations.

MEDICAL CERTIFICATE (or herein attached)

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NAME/SIGNATURE OR STAMP OF THE MEDICAL DOCTOR DATE AND PLACE

REASON OF FORCE MAJEURE

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NF AUTHORISED SIGNATURE	SEAL OF THE NF	PLACE AND DATE
.....	