

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

**BVB/03**



**2018/2019 WITHDRAWAL REQUEST**

GENDER	MEN	WOMEN
TOURNAMENT CATEGORY		
	<i>For the Star-1/Star-2 events organised in Europe the form should be addressed directly to the CEV at <a href="mailto:beach@cev.eu">beach@cev.eu</a> within the set timeframe and with a copy to <a href="mailto:worldtour@fivb.org">worldtour@fivb.org</a></i>	
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 <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>	FIRST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>	NICKNAME <i>(IF ANY)</i>	FIVB ID#
#1				
#2				

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

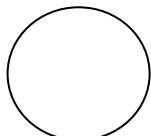
**MEDICAL CERTIFICATE (or herein attached)**

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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
.....		.....