**ACCREDITATION TEAM DELEGATION MEMBERS**

**COACHES AND MEDICAL SERVICE PROVIDERS**

**COCHEA**

This form must be sent from the National Federation to organizers of the event concerned with copy to FIVB (beachvolleyball@fivb.com) any time during the season but not later than 3 days before the event in which a team delegation member would like to enter. This form will not be accepted if not typewritten. The team delegation member must have completed the **FIVB Prevention of Manipulation course** [**(LINK)**](https://www.fivb.com/development/manipulationcourse)in order to be eligible to receive the accreditation.

**THE NATIONAL FEDERATION OF: ..........................................................………………………………………………… IS REQUESTING AN ACCREDITATION FOR A TEAM DELEGATION MEMBER ACCOMPANYING A TEAM IN THE FOLLOWING EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_**

It is agreed that the accredited team delegation member can receive exclusively the benefits enlisted in the Handbook.

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| PLAYERS’ AND TEAM DELEGATION MEMBER LAST NAME AND FIRST NAME TYPEWRITTEN  |
| Country of Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender of Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Player 1: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIVB Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Player 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIVB Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Team delegation member Title/Role (i.e., Coaches, Physiotherapist; Doctor or other Medical Service Provider): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Team delegation member name: Mr. / Mrs. / Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIVB ID Number: \_\_\_\_\_\_\_\_Team delegation member email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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