

TEAM WITHDRAWAL REQUEST FORM

BVB/03

This form must be completed by the National Federation of the team concerned and sent to the FIVB Beach Volleyball Department from the date when the Confirmed Entry List is published until 1 minute before start of the Preliminary Inquiry of Qualification or Main Draw Tournament.

| GENDER | MEN <input type="checkbox"/> | WOMEN <input type="checkbox"/> |
|--|------------------------------|--------------------------------|
| TOURNAMENT CATEGORY/ TOURNAMENT TITLE | | |
| HOST CITY/COUNTRY | | |

- For the **Futures category events organised in Europe**, this form must be addressed to CEV at beach@cev.eu within the set timeframe and with a copy to beachvolleyball@fivb.com.
- For the Futures category events organised in other confederations territory, this form must be sent to the FIVB Beach Volleyball Department at beachvolleyball@fivb.com.

The National Federation of.....

Requests a withdrawal of the following team registered for the above event:

MAIN DRAW TOURNAMENT **QUALIFICATION TOURNAMENT**

| TEAM NAME | FIVB ID# | LAST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i> | FIRST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i> |
|-----------|----------|---|--|
| | | | |
| | | | |

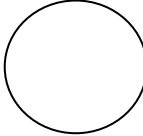
Medical Certificate together with stamp and signature of doctor (or herein attached)

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Reasons of force majeure

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Important note: all necessary documents must be provided as per the Sport Regulations.

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