



CHANGE OF PLAYER REQUEST FORM

BVB/04

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 	WOMEN 
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 replacement of a player in the following team registered for the above event:

Withdrawal of an athlete

SHIRT #	TEAM NAME	FIVB ID#	LAST NAME TYPEWRITTEN (OR CAPITAL LETTER)	FIRST NAME TYPEWRITTEN (OR CAPITAL LETTER)

The request for replacement is as follows

SHIRT #	TEAM NAME	FIVB ID#	LAST NAME TYPEWRITTEN (OR CAPITAL LETTER)	FIRST NAME TYPEWRITTEN (OR CAPITAL LETTER)

The new team composition is as follows

TEAM NAME	FIVB ID#	LAST NAME TYPEWRITTEN (OR CAPITAL LETTER)	FIRST NAME TYPEWRITTEN (OR CAPITAL LETTER)

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
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