



**2010 DIBF EURO CUP DEAF BASKETBALL CLUBS TOURNAMENT**  
Men & Women – 2-5 December, 2010 - Trapani, Italy

[www.dibf.org/eurocup](http://www.dibf.org/eurocup)

**PLAYERS LIST REGISTRATION**

<b>CLUB / TEAM NAME:</b>		<b>MEN / WOMEN</b>
<b>COUNTRY:</b>		

Please, type the names or write in capital letters to avoid errors

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Uniform number	Family Name	First name	Brithday Day-Month-Year	Player is deaf with more than 55dB?
4				YES / NO
5				YES / NO
6				YES / NO
7				YES / NO
8				YES / NO
9				YES / NO
10				YES / NO
11				YES / NO
12				YES / NO
13				YES / NO
14				YES / NO
15				YES / NO

<b>Head Coach:</b>	
<b>Assist Coach:</b>	
<b>Official 1:</b>	
<b>Official 2:</b>	
<b>:</b>	

**Note:** Persons not listed above will be rejected from the team bench. The players must wear the same number throughout the whole tournament regardless of light or dark jerseys.

List must be similar to the list of names and numbers in the score-sheet of the first game of tournament.



**2 DIBF EURO CUP TRAPANI**

**2 - 5 DECEMBER 2010**

OFFICIAL 2010 EURO CUP  
HOST ORGANISER:  
Lega Italiana Pallacanestro Sordi (LIPS)



OFFICIAL SUPPORT &  
PATRONAGE:  
Federazione Sport Sordi Italia (FSSI)

Teams must obey and follow the basketball rules of DIBF including FIBA. Unsportsmanlike toward other teams, players, spectators, official or referee will result an automatic expelled and evicted from the whole tournament and DIBF will be reported for future tournaments ban.

DIBF Europe officials reserve the rights to make final decision on all matters where appropriate.

Players registration will only be accepted if the DIBF Europe representative have received 100€ Euro fee paid for 'Team Entry Registration' form (deadline: 15 October 2010).

Therefore players registration form with full list of players / officials names and duly signed with 100€ Euro fee must be handed in to DIBF Europe officials at Technical Delegates meeting prior to the start of the tournament.

**Team's official to sign this form on below to acknowledge the overall responsibility including confirming all players are more than 55dB hearing loss in a better ear and will not wear hearing aids or cochlear implant during the games. Failures will face disciplinary actions by DIBF.**

TEAM'S OFFICIAL NAME IN PRINT:	<i>(Please type/print full name)</i>
TEAM'S OFFICIAL SIGNATURE:	<i>(Official's signature to confirm team participation and registration payment )</i>
DATE:	<i>(Date / Month / Year)</i>



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