



2020 DIBF EUROPE REFEREE CLINIC

10-14 June 2020 - Sarajevo/Bosnia Herzegovina

FINAL REGISTRATION FORM

Please, type the names to avoid errors:

GENDER:	MR <input type="checkbox"/>	MS <input type="checkbox"/>
FIRST NAME:		
FAMILY NAME:		
DATE OF BIRTH:	<i>(DD.MM.YYYY)</i>	
POSTAL ADDRESS:	Street:	
	City:	Postcode:
NATIONALITY:		
RESIDENCE COUNTRY:		
EMAIL ADDRESS:		
MOBILE SMS:	<i>(Please include your country code)</i>	
SIZE OF T-SHIRT	S <input type="checkbox"/>	M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/>

NATIONAL FEDERATION:	
REFEREE LICENSE NO.:	<i>(Referee license number from your national basketball federation)</i>
REFEREE SINCE:	<i>(YYYY)</i>
REFEREE LEVEL:	<i>(Level A, B or C)</i>

PARTICIPATION FEE:	€ 200,- EUR <i>(TWO HUNDRED EUROS)</i>
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Bank account: Bank Leumi LLB, No. 835, 52 a, Hadekel Street, Tel Mond 40600, Israel
No. of account: 19065/64
IBAN: IL 26 0108 3500 0000 1906 544
SWIFT-BIC: LUMII LIT

DECLARATION OF UNDERSTANDING

We hereby certify that the statements and information in this application form are true and correct to the best of my knowledge.

Date and place

Referee's Signature

DEADLINE: 31 March 2020

PLEASE SEND THE FORM TO: secretary.general@dibf.org and ugsbih@gmail.com

(DIBF Secretary General will issue confirmation of form received)