



2020 DIBF EUROPE REFEREE CLINIC

10-14 June 2020 - Sarajevo/Bosnia and Herzegovina

TRAVEL INFORMATION FORM

Please, type the names to avoid errors:

FIRST NAME:	
FAMILY NAME:	
POSTAL ADDRESS:	
COUNTRY:	

ARRIVAL (10 June 2020 till 18:00h)

AIRPORT CITY:	
FLIGHT NUMBER:	
TIME:	

DEPARTURE (14 June 2020 as of 13:00h)

AIRPORT CITY:	
FLIGHT NUMBER:	
TIME:	

CONTACT NAME:	
EMAIL ADDRESS:	
MOBILE SMS:	<i>(Please include your country code)</i>

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

(Organizing Committee will issue confirmation of form received)