



Bid Application

We would like to host the DIBF Referee Clinic.

FULL NAME OF BIDDER: _____

CITY AND COUNTRY: _____

REFEREE CLINIC: Africa Americas and Asia-Pacific Europe

DATE OF TOURNAMENT: _____ to _____ (minimum of 5 days)
(DD/MM/YYYY) (DD/MM/YYYY)

We have attached:

- A certificate of support from the National Deaf Sports Federation
- A certificate of support from the National Basketball Federation
- Current price list for hotels, meals and transport

We, as National Deaf Sports Federation (NDSF), declare that we have read and agree to abide with the DIBF General Statutes and DIBF Internal Regulations in force.

Date: _____

President (printed name)

Secretary General (printed name)

President (signature)

Secretary General (signature)

PLEASE SEND THE BID APPLICATION FORM TO:
secretary.general@dibf.org

