



2022 DIBF WORLD REFEREE CLINIC

8-13 November 2022 - Warsaw/Poland

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:	\$ 300,- USD <i>(THREE HUNDRED DOLLARS)</i>
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Bank account: Please see more information in the bulletin

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: 30 September 2022

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

(DIBF Secretary General will issue confirmation of form received)