



2022 DIBF WORLD REFEREE CLINIC

8-13 November 2022 - Warsaw/Poland

FLIGHT INFORMATION FORM

Please, type the names to avoid errors:

GENDER:	MR <input type="checkbox"/>	MS <input type="checkbox"/>
FIRST NAME:		
FAMILY NAME:		
COUNTRY:		
EMAIL ADDRESS:		
MOBILE SMS:	<i>(Please include your country code)</i>	

ARRIVAL (8 November 2022)

AIRPORT CITY:	
FLIGHT NUMBER:	
DATE:	
TIME:	

DEPARTURE (13 November 2022)

AIRPORT CITY:	
FLIGHT NUMBER:	
DATE:	
TIME:	

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: 15 October 2022

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

(DIBF Secretary General will issue confirmation of form received)