



2026 DIBF WORLD REFEREE

7-12 April 2026 – Washington, DC – United States of America

FINAL REGISTRATION FORM

Please, type the names to avoid errors:

GENDER:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
FIRST NAME:	
FAMILY NAME:	
DATE OF BIRTH:	(DD,MM,YYY)
POSTAL ADDRESS:	
NATIONALITY:	
RESIDENCE COUNTRY:	
MOBILE SMS:	(Please include your country code)
SIZE OF T-SHIRT:	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>
NATIONAL FEDERATION:	
REFEREE LICENSE NO.:	(Referee license number from your National Basketball Federation)
REFEREE SINCE:	
REFEREE LEVEL:	(Level A, B, C)

Participation Fee (Please select one of the following):

Plan A: 3x3 Clinic, Date → 7-9 April 2026 → \$300 ☐

Plan B: 5x5 Clinic, Date → 9-12 April 2026 → \$350 ☐

Plan C: Combined 3x3 and 5x5 Clinics, Date → 7-12 April 2026 → \$550 ☐

Bank Account: Please see the Information package for more information.

DECLARATION OF UNDERSTANDING

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

Date

Referee's Signature

DEADLINE: 1 FEBRUARY 2026

Please send the form to the DIBF Secretary General: destefano@dibf.org