



2026 DIBF WORLD REFEREE CLINIC

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

FLIGHT INFORMATION FORM

Please, type the names to avoid errors:

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

ARRIVAL (7 or 9 April 2026)

AIRPORT CITY:	
FLIGHT NUMBER:	
DATE:	
TIME:	

DEPARTURE (9 or 12 April 2026)

AIRPORT CITY:	
FLIGHT NUMBER:	
DATE:	
TIME:	

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 MARCH 2026

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