



Individual Referee Information Form

Please complete (no handwriting) this form in upper and lowercase. Please save the file and send it back in PDF

Referee's personal data

GENDER:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
FAMILY NAME:	
FIRST NAME:	
DATE OF BIRTH:	(DD,MM,YYY)
POSTAL ADDRESS:	
E-MAIL ADDRESS:	
NATIONALITY:	
MOBILE SMS:	(Please include your country code)
NATIONAL FEDERATION:	
DIBF LICENSE NO.:	

Clothes sizes

SHIRTS:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
USA	S	M	L	XL	XXL
EUR	42/44	46/48	50/52	54	56

TROUSERS:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
USA	S	M	L	XL	XXL
EUR	42/44	46	48-50	52-54	56

JACKETS:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
USA	S	M	L	XL	XXL
EUR	44/46	48	50/52	54/56	58

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

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