

**From -14 days to -1 minutes before the start  
 of the County Quota Play Off Meeting**

**WT/03**

**2011 WITHDRAWAL REQUESTS**



CATEGORY	MEN <input type="checkbox"/>	WOMEN <input type="checkbox"/>
COMPETITION SITE:	(Open)	
	Brasilia(BRA) <input type="checkbox"/>	Sanya(CHN) <input type="checkbox"/>
	Shanghai(CHN) <input type="checkbox"/>	
	Prague (CZE) <input type="checkbox"/>	Myslowice(POL) <input type="checkbox"/>
	Québec (CAN) <input type="checkbox"/>	
	Aland (FIN) <input type="checkbox"/>	The Hague (NED) <input type="checkbox"/>
	Guangzhou (CHN) <input type="checkbox"/>	Phuket (THA) <input type="checkbox"/>
	.....	
	(Grand Slam)	
	Beijing (CHN) <input type="checkbox"/>	Stavanger (NOR) <input type="checkbox"/>
Gstaad (SUI) <input type="checkbox"/>	Moscow (RUS) <input type="checkbox"/>	
Stare Jablonki (POL) <input type="checkbox"/>	Klagenfurt (AUT) <input type="checkbox"/>	
.....		
(World Championships)		
Rome (ITA) <input type="checkbox"/>		
.....		
(Junior/Youth World Championships)		
Halifax (CAN) <input type="checkbox"/>	Umag (CRO) <input type="checkbox"/>	

**WITHDRAWAL OF A TEAM**

THE NATIONAL FEDERATION OF.....

REQUESTS THE WITHDRAWAL FOR THE FOLLOWING TEAM IN THE AFOREMENTIONED EVENT:

TEAM	SHIRT #	LAST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>	FIRST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>	NICKNAME <i>(IF ANY)</i>	FIVB ID#
1.	#1				
	#2				

**WITHDRAWAL OF A PLAYER**

THE NATIONAL FEDERATION OF.....

REQUESTS THE WITHDRAWAL FOR THE FOLLOWING TEAM IN THE AFOREMENTIONED EVENT:

LAST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>	FIRST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>	NICKNAME <i>(IF ANY)</i>	FIVB ID#

THE REQUEST FOR REPLACEMENT IS AS FOLLOWS:

LAST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>	FIRST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>	NICKNAME <i>(IF ANY)</i>	FIVB ID#

THE NEW TEAM COMPOSITION REQUEST IS AS FOLLOWS:

TEAM	SHIRT #	LAST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>	FIRST NAME <i>TYPEWRITTEN (OR CAPITAL LETTER)</i>	NICKNAME <i>(IF ANY)</i>	FIVB ID#
1.	#1				
	#2				

For the details of the regulations concerning withdrawals, please refer to the Chapter 9 of the 2011 Handbook.

**MEDICAL CERTIFICATE (or herein attached)**

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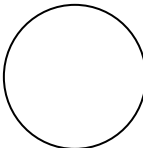
NAME/SIGNATURE OR STAMP OF THE MEDICAL DOCTOR DATE AND PLACE

**REASON OF FORCE MAJEURE**

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.....  
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*Note:*

*In case of a dispute, a proof (i.e. positive fax report) must be provided to the FIVB in order to clearly confirm that the withdrawal of the team concerned from a 2011 FIVB Beach Volleyball SWATCH World Tour event (WT/03) including the appropriate Medical Certificate or the reason of "force majeure" have been duly sent in time to the FIVB. Any statement sent via e-mail will not have any validity.*

NF AUTHORISED SIGNATURE	SEAL OF THE NF	PLACE AND DATE
.....		.....