To be sent to the organizers concerned - 3 DAYS

ACCREDITATION PHYSIOTHERAPISTS

This form must be sent to organizers of the event concerned any time during the season but not later than 3 days before the event in which a coach would like to enter. This Form will not be accepted if not typewritten (capital letters accepted).
The FIVB will not be responsible to receive this type of form which will be disregarded.

THE NATIONAL FEDERATION OF: .....

IS REQUESTING AN ACCREDITATION FOR A PHYSIOTHERAPIST ACCOMPANYING A TEAM IN THE

FOLLOWING EVENT

It is agreed that the accredited physiotherapist can receive exclusively the benefits enlisted in the Handbook.

PHYSIOTHERAPIST'S LAST NAME AND FIRST NAME TYPEWRITTEN (OR CAPITAL LETTER)	PHYSIOTHERAPIST'S TEAM NAME TYPEWRITTEN (OR CAPITAL LETTER)
Mr. / Mrs ----------	/ ----------

CATEGORY	**MEN** ☐	**WOMEN** ☐
TITLE OF THE EVENT:	..... (Open) ..... (Grand Slam) ..... (World Championships)	
COMPETITION SITE:	..... (city)	…..... (country)

PHYSIOTHERAPIST CERTIFICATE HEREIN ATTACHED (MANDATORAY) YES ☐ **NO** ☐

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