



SNOW VOLLEYBALL WORLD TOUR

PHYSIOTHERAPISTS ACCREDITATION REQUEST



This form must be **sent by the National Federation** to the **FIVB** (new.events.business@fivb.org) and the **organizers** of the event concerned any time during the season but not later than -5 days before the event in which a physiotherapist would like to receive an accreditation to access to the venue.

The National Federation of:.....is requesting an accreditation for a physiotherapist/doctor accompanying a team in the following event.

PLAYERS' AND PHYSIOTHERAPIST(S) LAST NAME AND FIRST NAME TYPEWRITTEN (OR CAPITAL LETTER)	
Physiotherapist: Mr. / Mrs. / Ms. -----	FIVB ID Number: -----
Player 1: -----	FIVB Number-----
Player 2: -----	FIVB Number-----
Player 3: -----	FIVB Number-----
Player 4: -----	FIVB Number-----

COMPETITION SITE
Title of the event: Dates:.....
City: Country:

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