

## MEN IBSA GOALBALL EUROPEAN CHAMPIONSHIPS 2024

**DEADLINE TO SUBMIT THE FORM IS 29 February 2024 - please return this form to: [europangoalball24@gmail.com](mailto:europangoalball24@gmail.com)**

<b>Country</b>	
<b>Name of Federation</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Mobile</b>	
<b>e-mail</b>	
<b>Name of Contact Person</b>	
<b>Position of Contact Person</b>	
<b>Estimate of Team numbers</b>	
<b>Estimate of Athletes numbers</b>	
<b>Estimate of Staff numbers</b>	

## MEN IBSA GOALBALL EUROPEAN CHAMPIONSHIPS 2024

FEDERATION:

Contact Person:

Telephone:

Email:

**DEADLINE TO SUBMIT THE FORM IS 20 April 2024 - please return this form to:  
europeangoalball24@gmail.com**

### ATHLETES

No	NAME SURNAME	DATE OF BIRTH	PASSPORT NUMBER	ISAS ID	GENDE R	CLASS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

### STAFF

No	NAME SURNAME	DATE OF BIRTH	PASSPORT NUMBER	GENDE R	POSITIO N
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**MEN IBSA GOALBALL EUROPEAN CHAMPIONSHIPS 2024**

**Travel Schedule**

**DEADLINE TO SUBMIT THE FORM IS 20 APRIL 2024,  
please return this form to: europeangoalball24@gmail.com**

**COUNTRY NAME:**

**Arrival**

Date	Time	Flight No.	from	No. of people

**Departure**

Date	Time	Flight No.	from	No. of people

# MEN IBSA Goalball B European Championships 2024

<b>INVOICE №</b>		<b>Date</b>	
<b>COUNTRY</b>			
<b>ADDRESS</b>			

Please only complete number of requested nights and rooms, number of athletes to calculate participation fees  
Please return this form to: [eupeangoalball24@gmail.com](mailto:eupeangoalball24@gmail.com)

Check-in date and time				
Check-out date and time				
<b>Hotel name</b>	<b>please enter number of nights and requested rooms</b>			
<b>BELLA ITALIA EFA SPORT VILLAGE</b>	Nights	Single	Twin	Total
	0	0	0	€ -
<b>please enter number of athletes</b>	<b>participation fees (capitation+ anti-doping)</b>			
0				€ -
<b>Total</b>				€ -
<b>50% of deposit</b>				€ -

*Please transfer the amount to the following bank account and identify your payment by stating the name of your country or federation on the bank documents.*

## PAYMENT

Bank: BNL – Banca Nazionale del Lavoro S.P.A.  
 IBAN: IT89N0100536240000000004017  
 Business Identifier Code BIC: BNL II TRR  
 Account Name: Federazione Italiana Sport Paralimpici per Ipovedenti e Ciechi  
 Reference: Piazzale degli Archivi 41, 00144 Rome



## MEN IBSA Goalball B European Championships 2024

FEDERATION:

**DEADLINE TO SUBMIT THE FORM IS 20 APRIL 2024**

**please return this form to: [europangoalball24@gmail.com](mailto:europangoalball24@gmail.com)**

The provided information will be used in the Official Program and event advertising.

*Please remember to include to the e-mail a recent picture of your team (jpeg or jpg).*

Brief Background of the Team:

Special Dietary requiremen

