



FINAL ENTRY FORM

NATION: _____

We confirm our Final Entry in the European Deaf Basketball Championships - Qualification with names below:

MEN 

#	FAMILY NAME	Given Name	Date of Birth (DD MM YYYY)	ICSD ID #
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UNIFORM COLOURS

LIGHT		DARK	
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DEADLINE: 13 OCTOBER 2015

Note: 6 out of 18 athletes will be crossed out and final 12 athletes roster and jersey numbers will be filled out on **Form Final Roster** and hand in to EDSO Basketball Technical Director 60 minutes before the match. Athletes name listed above on **Form Final Entry** must be the same athletes' name on **Form Final Roster**.

DECLARATION

We and our athletes declare that we have read the eligibility conditions for the European Deaf Championships and that we will comply with them. We agree to be filmed or photographed during the European Deaf Basketball Championships for the purposes authorized by the EDSO and the ICSD. We hereby certify that the all named athletes are DEAF, citizens of our country, and that they are registered under appropriate gender.

Date

President

Secretary General

This **FINAL ENTRY FORM** must be sent by email to the
EDSO Basketball Technical Director - basketball@edso.eu

BY 13 OCTOBER 2015