

PARAVOLLEY EUROPE TOURNAMENT & GAMES REGISTRATION FORM



NAME OF THE ORGANISER:	
CONTACT EMAIL ADDRESS:	

TOURNAMENT/GAME TITLE:	
DATES	
LOCATION (Town/Country):	
VENUE (Sports Hall Name):	

<i>SITTING VOLLEYBALL - National Teams</i>	Men		Women	
<i>SITTING BEACH VOLLEYBALL - National Teams</i>	Men		Women	
<i>STANDING VOLLEYBALL - National Teams</i>	Men		Women	
<i>STANDING BEACH VOLLEYBALL - National Teams</i>	Men		Women	

<i>SITTING VOLLEYBALL - Club Teams</i>	Men		Women		Mixed	
<i>SITTING BEACH VOLLEYBALL - Club Teams</i>	Men		Women		Mixed	
<i>STANDING VOLLEYBALL - Club Teams</i>	Men		Women		Mixed	
<i>STANDING BEACH VOLLEYBALL - Club Teams</i>	Men		Women		Mixed	

List of Countries / Clubs taking part or invited to take part.

1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

Date: _____

Sent by: _____

Please complete and return to the PVE mail@paravolley.eu



Remarks:

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The aim of this form is to create a database of competitions as well as to improve the communication between ParaVolley Europe and the National Federation/Clubs/Teams and increase the promotion of the above sports.