



ACCREDITATION REQUEST FORM

Please return this form till 5th June 2018

to the organiser e-mail: office@ecc2018.bialystok.pl

Name of Association:		
Name of contact person:		
Phone/fax:		
E-mail:		

No.	Family Name	First Name	M (Male)/F (Female)	Role (Player and Official)
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Date:	 	 	