## EUROPEAN DEAF SPORT ORGANIZATION



Founded on 7th July 1983 in Antibes/France

## **FINAL ROSTER FORM**

<b>#</b>	FAMILY NAME	Given Name	Date of Birth (DD MM YYYY)	ICSD ID #		
			,			
-						
	CIALS					
<u>#</u> 1	FAMILY NAME	Given Name	Date of Birth	Gender <sup>1</sup>	Role <sup>2</sup>	
2						
3						
<u>4</u> 5						
6						
7						
ote:		same shirt number throug and jersey numbers above listed above are the same	e are accurate to our know	rledge.	l Entry.	
	Head Coach		Date	Date		
		ived Final Poster form from	n the Head Coach.		_	
•	I confirm that I have rece I confirm that above liste	d players' name are satisfa	actory and matches the pla	ayers' names (	on Form	

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Gender <sup>1</sup>: M = Man/Male W = Woman/Female

Role <sup>2</sup>: 1. Head Coach

2. Assistant Coach

3. Leader/Director/Manager

4. Interpreter

5. Medical (doctor, trainer, masseuse, first aid worker, physiotherapist)