



## FINAL ROSTER 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 #

### OFFICIALS

#	FAMILY NAME	Given Name	Date of Birth	Gender <sup>1</sup>	Role <sup>2</sup>
1					
2					
3					
4					
5					
6					
7					

**Note:** The players must wear the same shirt number throughout the qualification round.

- I confirm that the names and jersey numbers above are accurate to our knowledge.
- I confirm that the players listed above are the same players' name as shown on **Form Final Entry**.

\_\_\_\_\_  
Head Coach

\_\_\_\_\_  
Date

- I confirm that I have received Final Roster form from the Head Coach.
- I confirm that above listed players' name are satisfactory and matches the players' names on **Form Entry**.

\_\_\_\_\_  
EDSO Basketball Technical Director

\_\_\_\_\_  
Date

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This **FINAL ROSTER FORM** must hand in to the  
EDSO Basketball Technical Director during **60 minutes before the match**

# EUROPEAN DEAF SPORT ORGANIZATION

Founded on 7<sup>th</sup> July 1983 in Antibes/France



**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*)

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