



EUROPEAN DEAF SPORT ORGANIZATION

AUTHORIZATIONS-APPLICATION

EDSO-NO.:

We apply for the authorization of the following sports event

___ Women ___ Men ___ Team

Participating Clubs or countries

___ Clubs Nations

_____ Nation

Nation	Name of Clubs	Sport: _____
01	_____	_____
02	_____	_____
03	_____	_____
04	_____	_____
05	_____	_____
06	_____	_____
07	_____	_____
08	_____	_____
09	_____	_____
10	_____	_____

Organizer (Club): _____
 Date: _____
 National association: _____ in _____
 Address: _____

_____ Date _____ President/Secretary

Approved by: _____
 _____ Date _____ EDSO-Officials

EDSO-Fees: Each Nation € _____ Club Meetings = € _____
 Each Nation € _____ International Meetings Country level = € _____