



BEACH VOLLEYBALL

PRELIMINARY INQUIRY



PARIS 2024
OLYMPIC RINGS

Team name Date Time : 24-hour

1 Checking of team officials

Function	Family name, given name	NOC	Team captain
Head of delegation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Athlete number 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Athlete number 2	<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Checking Sports Entry Form data and passports/ valid travel documents

3 Forms provided

	Yes	No		Yes	No		Yes	No
1 Names	<input type="checkbox"/>	<input type="checkbox"/>	4 Jersey numbers	<input type="checkbox"/>	<input type="checkbox"/>	1 FIVB BVB-02	<input type="checkbox"/>	<input type="checkbox"/>
2 Dates of birth	<input type="checkbox"/>	<input type="checkbox"/>				2 Health certificate (M-3)	<input type="checkbox"/>	<input type="checkbox"/>
3 NOC	<input type="checkbox"/>	<input type="checkbox"/>						
Remarks	<input type="text"/>			Remarks	<input type="text"/>			

4 Colours

6 Team uniforms continued

Pieces	Colour 1 (main)	Colour 2	Colour 3
Tank top/top	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shorts/briefs/pants	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special uniforms	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Yes	No
Flag/NOC code	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturer's logos _____	<input type="checkbox"/>	<input type="checkbox"/>
Training/warm-up suit	<input type="checkbox"/>	<input type="checkbox"/>
Supply of uniforms (when requested by NOC)	<input type="checkbox"/>	<input type="checkbox"/>

Number

Contrast

7 Accessories

	Yes	No
Headgear	<input type="checkbox"/>	<input type="checkbox"/>
Absorbent-type sweatband for head	<input type="checkbox"/>	<input type="checkbox"/>
Footwear/athletic socks	<input type="checkbox"/>	<input type="checkbox"/>
Eyewear	<input type="checkbox"/>	<input type="checkbox"/>
Absorbent-type sweatband for wrist	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic support brace for knee or elbow	<input type="checkbox"/>	<input type="checkbox"/>
Armband	<input type="checkbox"/>	<input type="checkbox"/>
Bags	<input type="checkbox"/>	<input type="checkbox"/>
Tattoo	<input type="checkbox"/>	<input type="checkbox"/>
Watch	<input type="checkbox"/>	<input type="checkbox"/>
Squeeze bottle	<input type="checkbox"/>	<input type="checkbox"/>
Kinesiology medical tape	<input type="checkbox"/>	<input type="checkbox"/>

5 Letter of commitment for video cameras

6 Team uniforms

Style	General	<input type="checkbox"/>	<input type="checkbox"/>
	Other options	<input type="checkbox"/>	<input type="checkbox"/>
	Cold weather	<input type="checkbox"/>	<input type="checkbox"/>
Shirts number	Place	<input type="checkbox"/>	<input type="checkbox"/>
	Size	<input type="checkbox"/>	<input type="checkbox"/>
	Contrast	<input type="checkbox"/>	<input type="checkbox"/>
Athlete's name	Place	<input type="checkbox"/>	<input type="checkbox"/>
	Size	<input type="checkbox"/>	<input type="checkbox"/>
	Contrast	<input type="checkbox"/>	<input type="checkbox"/>
NOC logo		<input type="checkbox"/>	<input type="checkbox"/>

See reverse



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Remarks

8 Instructions, information and documents handed over to head of delegation

	Yes	No		Yes	No
1 Meeting link of General Technical Meeting	<input type="checkbox"/>	<input type="checkbox"/>	5 Competition regulations	<input type="checkbox"/>	<input type="checkbox"/>
2 Familiarisation and training calendar	<input type="checkbox"/>	<input type="checkbox"/>	6 IOC Rule 50.2	<input type="checkbox"/>	<input type="checkbox"/>
3 COVID-19 SSR	<input type="checkbox"/>	<input type="checkbox"/>	7 Accreditation cards	<input type="checkbox"/>	<input type="checkbox"/>
4 Playbook	<input type="checkbox"/>	<input type="checkbox"/>	8 Video Challenge Protocol	<input type="checkbox"/>	<input type="checkbox"/>

Remarks

9 Authorised signatures

Delegation

	Family name, given name	Signature
Head of delegation	<input type="text"/>	<input type="text"/>

Paris 2024 competition management representative

	Family name, given name	Signature
	<input type="text"/>	<input type="text"/>

FIVB Control Committee

	Family name, given name	Signature
Delegate 1	<input type="text"/>	<input type="text"/>

	Family name, given name	Signature
Delegate 2	<input type="text"/>	<input type="text"/>