

REINFORCING FORM

Request to be introduced minimum
10 days before the date of the competition
One form per tournament

Tournament (name of the organizing club, date and place) :

Date of application :

Name, surname, address member club (from Belgium) :

date of birth :

GSM :

E-mail :

ID Number (ICSD) : Yes No If yes, Number :

Club (Belgium) :

Reinforced Club :

Discipline sport :

Consent of the club (Belgium) : name and address of the corresponding :

Signature :

E-mail :

Consent of the reinforced club : name and address of the corresponding :

Signature :

E-mail :

By these signatures, the corresponding say they have read the rules of the BDC, rights and obligations in case of compliance or not (see the internal regulations - Article 40).

Received : . . . / . . . / TO APPROVAL BY BDC :

☐

Yes

☐

No

If NO, because :

.....

Date : / /

Name and surname :

(signature of the board member BDC)

Form sent to :

BDC : Nicolas Rettmann - E-mail : secretary@deafsport.be

