

FORM 1

APPLICATION TO HOST DEAF CHAMPIONS LEAGUE

Our Association/Club/Federation would like to host the edition of
DEAF CHAMPIONS LEAGUE:

YEAR



FUTSAL



U- 21 FUTSAL



FOOTBALL

MEN

WOMEN

FULL NAME OF BIDDER:

FULL NAME OF NACIONAL DEAF SPORT FEDERATION:

WHICH CITY?

WHEN?

 /

 to

 /

 /

Day/Month Day/Month/Year

We have attached:

| | |
|--|--|
| | A certificate of support from the National Deaf Sport Federation |
| | A certificate of support from the Local Council or government |
| | Video about city, stadium, pitches, press rooms, etc. (maximum 5 minutes) |

We, as an association, agree to abide by the regulations of Deaf Champions League in force.

Date:

President (Signature)

Secretary-General (Signature)

Form should be sent to Deaf Champions League

E-mail: dcl@deafchampionsleague.eu

DECLARATION

On behalf of our association/club/federation we declare that we have read and will comply with the regulations for the DCL Events (hosting policy) and the information provided by us in this form is accurate to our knowledge.

(Please mark an "X" in the box (es) if you accept)

☐ *We hereby confirm that we have read and understood the DCL Hosting Policy and regulations.*

☐ *We hereby follow the DCL Hosting Policy and regulations as Organising Committee.*

☐ *We, as an association/club/federation, agree to abide by the regulations (hosting policy) of Deaf Champions League in force.*

Comments with reasons to request as host to DCL event (optional):

Date (dd/mm/yyyy):

President (Signature)

Secretary-General (Signature)

DATA Association/Club/Federation

FULL NAME OF BIDDER: _____

E-MAIL: _____ TELEPHONE: _____

ADDRESS: _____

WEBSITE: _____

NAME PRESIDENT OF ORGANISING COMMITTEE: _____

E-MAIL: _____ TELEPHONE: _____

NAME PRESIDENT OF ASSOCIATION/CLUB/FEDERATION: _____

E-MAIL: _____ TELEPHONE: _____