**PLAYER & TEAM OFFICIAL**

**ACCREDITATION FORM**

Please complete and return this form to [ctrbadminton@lnbr.re](mailto:ctrbadminton@lnbr.re) not later than **Tuesday, May 6, 2025. Please fill up the form.**

Please type clearly in **CAPITAL LETTERS**.

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| --- | --- | --- | --- |
| **Name of Member Association:** |  | | |
| **Contact Person:** |  | | |
| **MOBILE NUMBER:** |  | **PHONE NUMBER:** |  |
| **E-MAIL:** |  | | |

The number of complimentary accreditation passes available for Team Officials is dependent on the number of competing player from the same Member Association:

|  |  |
| --- | --- |
| **Number of Member Association Players** | **Number of Team Officials Accreditations** |
| Three or less | 1 |
| Four to Seven | 2 |
| Eight to 15 | 3 |
| 16 or more | 4 |

A limited number of additional accreditation passes for approved Team Officials will be available for purchase at a fee of **euros € 100 by CASH ONLY**, charged to the respective Member Association, and payable at the tournament’s treasurer Office, Champ Fleuri Complex.

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| **No.** | **FULL NAME** | **Official Position**  (Player, Coach, Physiotherapist, Nutritionist, Masseur, etc.) |
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| **No.** | **FULL NAME** | **Official Position**  (Player, Coach, Physiotherapist, Nutritionist, Masseur, etc.) |
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