



Application to Host Deaf Champions League U-21 FUTSAL

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

EDITION/YEAR:

- **DCL U-21 FUTSAL 2021** **MEN** **WOMEN**
- **DCL U-21 FUTSAL 2022** **MEN** **WOMEN**
- **DCL U-21 FUTSAL 2023** **MEN** **WOMEN**
- **DCL U-21 FUTSAL 2024** **MEN** **WOMEN**

FULL NAME OF BIDDER: _____

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 10 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

Deadline: 15th April 2020 (DCL 2021), 31th December 2020 (DCL 2022), 15th April 2021 (DCL 2023), 15th April 2022 (DCL 2024).

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DEAF CHAMPIONS LEAGUE

www.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/Stamp)

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FULL NAME OF BIDDER: _____

WHICH CITY? _____

WHEN? ____ / ____ to ____ / ____ / ____
 Day/Month Day/Month/Year

We have attached:

| | |
|--|--|
| | A copy of affiliation to National Deaf Sport Federation (only for club or association) |
| | A copy of official recognition as association/club/federation by the Local Council or government |
| | A copy of constitution/statutes of association/club/federation with their board |
| | Certificate of support from the Local/Regional/National Referees |
| | Contact and structure of the Host's Organising Committee (OC). |
| | Technical questionnaire (annex 1) |
| | Media questionnaire (annex 2) |

Date:

President (Signature)

Secretary-General (Signature/Stamp)

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ANNEX 1: TECHNICAL QUESTIONNAIRE

| | Question? | |
|----|--|--|
| 1 | How many members are in your club/association/federation? | |
| 2 | Where is your nearest airport? | |
| 3 | Do you have a Club or Association for the Deaf? | YES [] NO [] |
| 4 | Is the host club recognised and supported by the National Deaf Sport Association/Federation? | YES [] NO [] |
| 5 | How far and how long from the airport to hotel? | () KM () min |
| 6 | Who is responsible for the pitch? Club, Council, other...? | |
| 7 | Full-time for the pitch at 3/4/5 days? | YES [] NO [] |
| | | Time open: Time closed: |
| 8 | How many pitches are available? | |
| 9 | How many changing rooms available? | |
| 10 | Able to host 8-16 teams? | YES [] NO [] |
| 11 | Referees (3 max.) fully equipped for each game? | YES [] NO [] |
| 12 | Able to set up OC (Organizing Committee) with volunteers and Media? | YES [] NO [] |
| 13 | Press Room with all equipment to be provided to the DCL Committee? | YES [] NO [] |
| 14 | Press Room with WLAN / LAN to be provided to the DCL Committee? | YES [] NO [] |
| 15 | Able to co-operate with the DCL Committee fully (guidelines, introduction of the internal procedures, example: draw, rules, etc.)? | YES [] NO [] |
| 16 | With Transfer (transport bus/shuttle for Hotel-Pitch) for teams? | YES [] NO [] |
| 17 | How many volunteers to event? | |
| 18 | Medical facilities with ambulance? | YES [] NO [] |
| 19 | Host able to cover flights/accommodation for 3 DCL Committee members in the inspection (1 year or 6 months before to event)? | YES [] NO [] |
| 20 | Host able to cover flights/accommodation for 3 + 2 DCL Committee members (DCL Men: 3 + DCL Women: 2) in the event? | YES [] NO [] |

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FILMING EQUIPMENT CHECKLIST

| | | | |
|---|-----|----|-------|
| 1. Room for DCL Media Office | yes | no | notes |
| Media room (hotel and sport halls) | | | |
| Photo room (hotel) | | | |
| WI-FI Unlimited (modem 2 pieces) | | | |
| Check WI-FI and LAN | | | |
| 2. Graphics | yes | no | notes |
| Poster | | | |
| Poster DCL Logo 2m x 1.5m | | | |
| Poster for Draw | | | |
| Poster the best DCL awards 2,2m x 2.5m | | | |
| Poster Winner 3m x 70cm | | | |
| 3. Computer and Accessories | yes | no | notes |
| Computer/laptop + Projector | | | |
| White screen 3m x 2m | | | |
| Laminator | | | |
| Website new DCL or OC (if DCL, will be live) | | | |
| 4. Live | yes | no | notes |
| Live matches Quarterfinals, Semi-finals and Finals | | | |
| All matches for Youtube | | | |
| Interview | | | |
| 3 or 4 camera rentals at least | | | |
| 5. Material | yes | no | notes |
| Red/White Barrier Tape (3 pieces) | | | |
| Duct Tape 3M 50mm x 50m (3 pieces) | | | |
| Masking Tape 50mm x 38 (3 pieces) | | | |
| Universal double-sided Tape 50mm x 5m (3 pieces) | | | |
| Extension With Wrap 15 or 30 meters Plug 16A 4 Sockets (3 pieces) | | | |
| 6. Lunch/Dinner | yes | no | notes |
| Water/Food | | | |
| Sandwiches | | | |
| Restaurant (after hall only dinner) | | | |
| 7. Transfers | yes | no | notes |
| Time Trasfer Airport – Hotel (round trip) | | | |
| Rent a car minivan | | | |
| Obligation Volunteers to Accompany the DCL Media to the hotel and sport Halls | | | |
| 8. Volunteers: at least 6 Volunteers | yes | no | notes |
| Number of Volunteers (Photographic and Camera) | | | |
| T-Shirt “Staff Media” | | | |





FILMING EQUIPMENT CHECKLIST

| | |
|------------------------|-------------------------|
| Contact details | |
| Name: | |
| Position: | Responsible of OC Media |
| Email: | |
| Whatsapp: + | |

Comments:

Economic amount agreed to pay: _____ €

_____, ____ / ____ / ____
(Date and place)

(Signature)
DCL Member

(Signature)
OC President

Further information by **mail to DCL MEDIA:** media@deafchampionsleague.eu

