





APPLICATION TO HOST DEAF CHAMPIONS LEAGUE - FOOTBALL

Our As	sociation/Club/Federation	on would like	e to no	st the 6	edition of	DEF
CHAMPI	ONS LEAGUE					
EDITION/	YEAR:					
> DC	CL FUTSAL 2024			MEN	WOMEN	
> DC	CL FUTSAL 2025			MEN	WOMEN	
> DCL FUTSAL 2026			MEN WOMEN			
> DC	L FUTSAL 2027			MEN	WOMEN	
FULL NAME	OF BIDDER:					
FULL NAME	OF NACIONAL DEAF SPORT	FEDERATION:				
WHICH CIT	Y?					
WHEN?	/ To		_/			
	Day/Month	Day/Month/Year				
We have at	tached:					
A cer	tificate of support from the Natior	nal Deaf Sport Federa	ntion			
A cer	tificate of support from the Local	Council or governme	nt			
Video	about city, stadium, pitches, pre	ess rooms, etc. (maxin	num 5 minute	es)		
We, as an a	association, agree to abide by	the regulations of [Deaf Champ	oions League	e in force.	
Date:						
	President (Signature)	Secretary	y-General (Signature)		
	l be sent to Deaf Champions Lea l@deafchampionsleague.eu	ngue				
Deadline: 15	th April 2023 (DCL 2024), 15th April 2	024 (DCL 2025), 15th Ap	pril 2025 (DCL	2026) and 15th	h April 2026 (DCL	2027).

DCL IS SUPPORTED BY

DEAF CHAMPIONS LEAGUE

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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.

(Plea	(Please mark an "X" in the box (es) if you accept)					
	We hereby confirm that we have read a regulations.	nd understood the DCL Hosting Policy and				
	We hereby follow the DCL Hosting Policy	y and regulations as Organising Committee.				
	We, as an association/club/federation, policy) of Deaf Champions League in fo	agree to abide by the regulations (hosting rce.				
Con	mments with reasons to request as	host to DCL event (optional):				
	Date (dd/mm/yyyy):					
	President (Signature)	Secretary-General (Signature/Sta				







DATA OF Association/Club/Federation

FULL NAME OF BIDDER:	
E-MAIL:	TELEPHONE:
ADDRESS:	
NAME DE PRESIDENT OF ORGANIZATION	N:
E-MAIL:	TELEPHONE:
NAME DE PRESIDENT OF CLUB:	
E-MAIL:	TELEPHONE:

