FORM 1

APPLICATION TO HOST DEAF CHAMPIONS LEAGUE - FUTSAL

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

EDITION/YEAR:

- **DCL FUTSAL 2024** ☐ **MEN** ☐ **WOMEN**
- **DCL FUTSAL 2025** ☐ **MEN** ☐ **WOMEN**
- **DCL FUTSAL 2026** ☐ **MEN** ☐ **WOMEN**
- **DCL FUTSAL 2027** ☐ **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

Deadline: 15th April 2023 (DCL 2024), 15th April 2024 (DCL 2025), 15th April 2025 (DCL 2026) and 15th April 2026 (DCL 2027).

DCL IS SUPPORTED BY

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/Sta

DATA OF Association/Club/Federation

FULL NAME OF BIDDER: _____

E-MAIL: _____ **TELEPHONE:** _____

ADDRESS: _____

WEBSITE: _____

NAME DE PRESIDENT OF ORGANIZATION: _____

E-MAIL: _____ **TELEPHONE:** _____

NAME DE PRESIDENT OF CLUB: _____

E-MAIL: _____ **TELEPHONE:**_____