



IFF Nomination Form - IFF CB Committies and functions

This Nomination Form has to be sent in to the IFF Office no later than the 3th of December 2010

Return address: halonen@floorball.org or fax: +358-9-4542 1450

Federation:		E-mail:	
Contact Person:		Telephone:	
Contact information:		Fax:	

NOMINATIONS:

IFF Rules and Competition Committee RACC	Name:		E-mail:	
	Contact adress		Phone (Mobile):	
	Postal code		Phone (Job):	
	Country		Fax:	
	Profession:		Education:	
	Present function:			
	Sports career:			

IFF Referee Committee RC	Name:		E-mail:	
	Contact adress		Phone (Mobile):	
	Postal code		Phone (Job):	
	Country		Fax:	
	Profession:		Education:	
	Present function:			
	Sports career:			

IFF Medical Committee MC The nominated persons must be medical doctors by profession and not preferably in daily contact to the nominating federation	Name:		E-mail:	
	Contact adress		Phone (Mobile):	
	Postal code		Phone (Job):	
	Country		Fax:	
	Profession:		Education:	
	Present function:			
	Sports career:			

Signature:		Recieved by IFF:	
-------------------	--	-------------------------	--