

DOUBLE MATCH AGREEMENT REQUEST

EHF CLUB COMPETITION:

EHF European Cup:

Men:

EHF European League:

Women:

Round:

BASIC INFORMATION:

Home Team:

Guest Team:

Date 1st leg:

Local Time:

Date 2nd leg:

Local Time:

Nation:

City:

Playing Hall:

Herewith both teams confirm that both leg games will be played at the above-mentioned place and time. Additionally, both teams confirm that they agreed upon all financial affairs.

DATE & SIGNATURE OF BOTH CLUBS:

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Please send the complete filled out form to rein@eurohandball.com