

Once more the **City of Spoleto** will be the setting  
of **Confsport Italy's International Events**

**9-10 June**  
**2017**

*Piazza Garibaldi*  
**SPOLETO (PERUGIA - ITALY)**

**XIX INTERNATIONALGYM TROPHY**





**XIX INTERNATIONALGYM TROPHY**  
**XXVI ITALIAN CHOREOGRAPHY CHAMPIONSHIP**  
 Spoleto (Umbria, Italy), June 9th and 10th 2017

<b>ORGANIZING COMMITTEE:</b>	CONFSPORT ITALIA A.S.D.R. Via Salvatore Rebecchini, 17 - 00148 Rome – Italy <b>PHONE:</b> +390655282936 - +39065506622 <b>FAX:</b> +390694809036 <a href="http://www.confsportitalia.it">www.confsportitalia.it</a> – <a href="mailto:info@confsportitalia.it">info@confsportitalia.it</a>
<b>LOCATION:</b>	Spoleto – Umbria, Italy
<b>COMPETITION VENUE:</b>	Place Garibaldi (in case of rain the event will take place at the Sports Hall "Don Guerrino Rota" of Spoleto)
<b>DATES:</b>	From Friday, 9th to Saturday 10th June 2017
<b>CATEGORIES:</b>	Under 11 (up to year 2006), Over 40, All
<b>SIZE'S DELEGATION</b>	Each Sporting Club can enter with one or more choreographic teams (no more than three of them).
<b>REGISTRATION DEADLINES</b>	Please complete the attached registration form and send at: <a href="mailto:info@confsportitalia.it">info@confsportitalia.it</a> , no later than 20 May 2017.
<b>ENTRY FEES</b>	The Entry fee is free.
<b>VISA</b>	Please verify immediately with your travel agent or your local Embassy or Consulate in your country if a VISA is required for your travel to Italy. The Organizing Committee will be happy to assist each Delegation member with an official invitation letter, provided that the request is made before 1 April 2017(as soon as possible). The request must include the function, full name, gender, date of birth, citizenship and passport number, passport expiry date, the arrival and departure dates of the Delegation Member as well as the city. The VISA application support letter has to be send to.
<b>MEDICAL SERVICE</b>	First aid-Ambulance
<b>INSURANCE</b>	The Organizing Committee, will not be responsible for any liabilities in case of accidents, illness, repatriation and the like. All participants are responsible for making their own arrangements to have the necessary valid insurance coverage against illness, accidents and for repatriation for all the members of their Delegation. Delegation members with insufficient insurance cover must inform the OC in advance.



<b>INTERNATIONAL TRASPORTATION:</b>	The invited participating clubs must pay for the travel costs of their delegations members to/from Italy. The Travel Schedule has to be send to the OC until 20 May 2017.
<b>LOCAL TRASPORTATION</b>	OC will provide free local transportation from/to the airport, railway station as well as from/to the hotel, from/to any other official activity
<b>ACCOMODATION</b>	The hotels costs are available in the "Hotel Reservation Form". Free accommodation for three gymnasts of every international club
<b>VISITS</b>	Possibility of Cultural visits of the museums and many others tourist attractions.
<b>AWARDS</b>	<p>Different Prizes will be awarded:</p> <ul style="list-style-type: none"> <li>➤ Best team work;</li> <li>➤ Most creative choreography;</li> <li>➤ Special Prize for Best Choreography All Category</li> <li>➤ Special Prize for Best Choreography Over 40s;</li> <li>➤ Special Prize for Best Choreography Under 11s (up to year 2006)</li> <li>➤ Prize for Technical Drills (prizes will be awarded according to the relevant sectors);</li> <li>➤ Best music interpretation;</li> <li>➤ Most creative use of apparatus;</li> <li>➤ XXVI ITALIAN CHOREOGRAPHY CHAMPIONSHIP</li> <li>➤ XIX INTERNATIONALGYM TROPHY.</li> </ul> <p>All gymnasts will receive commemorative medals, diplomas and attractive prizes.</p> <p>The Winner of the XIX InternationalGym Trophy or the XXVI National Choreography Championship will not get any other prize, possibly, just special one.</p> <p>The jury reserves unchallengeable right to deliver special prizes.</p>
<b>MEMBERS OF THE JURY</b>	National and International judges with current valid brevet is required but not required– category Seniors and Juniors - minimum

## TECHNICAL PROGRAM – REGULATION

1. **Each choreography must not exceed 4 minutes.** In the above times they are not including the entrance and the exit from the gym floor. Special Sized tools, brought by the association, must be agreed to prior with the organization.
  2. In the event of the exercise lasting more than the established time by the regulation, the performance will be considered “off the charts”.
  3. The XIX International Gym Trophy – XXVI Italian Choreography Championship is reserved to teams of artistic, rhythmic gymnastics, general gymnastic in all its forms (aerobic, jazzercise, etc.), twirling, trampolining, modern and contemporary dance, flamenco and sports dance.
  4. Each team will be made up of at least 2 athletes .
  5. Teams can consist of both female and male athletes.
  6. Athletes can also wear outfits different from leotards. These outfits, however, must allow the evaluation of performances.
  7. Any kind of music is allowed, even singing.
  8. Sporting Associations and Schools can perform their choreographies on a 10x10-mt stage. The Event will take place even in case of rain thanks to the availability of an indoor sporting facility.
  9. Each Sporting Association and School shall deliver, in 30 minutes from the beginning of the event, a **CD** soundtrack of the performance. Each CD must report the name of the Sporting Association/School and the title of the choreography. **Each CD corresponds to a single performance.**
  10. The Competition will have this schedule:
 

Friday	9 <sup>th</sup> June	10 AM – 18 PM	Official Training
Friday	10 <sup>th</sup> June	6.30 PM	Competition - Preliminary fase
Saturday	11 <sup>th</sup> June	7 PM	Competition – Final and Soirée
  11. Each choreography selected by the jury on Friday evening will take part to Saturday’s competition.
  12. Saturday are not provided in the gym floor tests.
- Confisport Italia reserves the right to modify the program according to the amount of registrations.

## INTERNATIONALGYM TROPHY

<i>I TROFEO</i>	<i>Sorrento (NA)</i>	<i>1999</i>	<i>Scuola Statale Riserva Olimpionica Astrakan (Russia)</i>
<i>II TROFEO</i>	<i>Valmontone (RM)</i>	<i>2000</i>	<i>Scuola Statale Riserva Olimpionica Murmansk (Russia)</i>
<i>III TROFEO</i>	<i>Spoletto (PG)</i>	<i>2001</i>	<i>Dance Acrobatic Club Flip Pirana (Slovenia)</i>
<i>IV TROFEO</i>	<i>Foligno (PG)</i>	<i>2002</i>	<i>La Trottola – Modena (Italia)</i>
<i>V TROFEO</i>	<i>Foligno (PG)</i>	<i>2003</i>	<i>Judo &amp; Gym - Ponte S. Giovanni (Perugia – Italia)</i>
<i>VI TROFEO</i>	<i>Cattolica (RN)</i>	<i>2004</i>	<i>La Trottola - Modena (Italia)</i>
<i>VII TROFEO</i>	<i>Roma (RM)</i>	<i>2005</i>	<i>ASD Olimpia 2000 – Cannara (Perugia - Italia)</i>
<i>VIII TROFEO</i>	<i>Aprilia (LT)</i>	<i>2006</i>	<i>S.V.S. Jarvenpaa – Jarvenpaa (Finlandia)</i>
<i>IX TROFEO</i>	<i>Foligno (PG)</i>	<i>2007</i>	<i>Judo &amp; Gym - Ponte S. Giovanni (Perugia - Italia)</i>
<i>X TROFEO</i>	<i>Norcia (PG)</i>	<i>2008</i>	<i>ASD Orazi e Curiazi – Roma (Italia)</i>
<i>XI TROFEO</i>	<i>Ortona (CH)</i>	<i>2009</i>	<i>ASD Pol. Com.le Albano – Albano (Roma – Italia)</i>
<i>XII TROFEO</i>	<i>Chianciano T. (SI)</i>	<i>2010</i>	<i>Ginnastica Airone Mantova ASD – Mantova (Italia)</i>
<i>XIII TROFEO</i>	<i>Chianciano T. (SI)</i>	<i>2011</i>	<i>Academia Excel – San Nicolàs (Messico)</i>
<i>XIV TROFEO</i>	<i>Spoletto (PG)</i>	<i>2012</i>	<i>Sport Gym. Club “Sport Inter Center” - Noginsk (Russia)</i>
<i>XV TROFEO</i>	<i>Spoletto (PG)</i>	<i>2013</i>	<i>ASD Ginn. Mamoti - S. B. del Tronto (Ascoli Piceno – Italia)</i>
<i>XVI TROFEO</i>	<i>Spoletto (PG)</i>	<i>2014</i>	<i>Sport Gym. Club “Sport Inter Center” - Noginsk (Russia)</i>
<i>XVII TROFEO</i>	<i>Capaccio Paestum (SA)</i>	<i>2015</i>	<i>Asd Ginnastica Mamoti - San Benedetto del Tronto (AP – Italia)</i>
<i>XVII TROFEO</i>	<i>Montecatini Terme (PT)</i>	<i>2016</i>	<i>Asd Ginnastica Mamoti - San Benedetto del Tronto (AP – Italia)</i>

**XIX INTERNATIONALGYM TROPHY  
XXVI ITALIAN CHOREOGRAPHY CHAMPIONSHIP**

JUNE, 9th and 10th 2017  
Spoleto (PG)

**APPLICATION FORM**

Association .....

Address ..... City ..... Country .....

Telephone ..... Fax .....

Responsible ..... Telephone .....

N. Exhibitions.....

Tot. Participants                      Females .....                      Males .....

Do you want to test the stage on Friday, 13<sup>th</sup>?                      ☐ YES    ☐ NO

▶▶▶▶▶▶▶▶▶▶

Name of exhibition .....

Section

☐ Artistic Gymnastics                      ☐ Rhythmic Gymnastics                      ☐ Dance    ☐ Sport Dance                      ☐ General Gymnastic  
☐ Other.....

Tot. Athletes                      Females .....                      Males .....

Under 11 (up to year 2006)                      Yes ☐    No ☐

Over 40                      Yes ☐    No ☐

Single                      Yes ☐    No ☐

▶▶▶▶▶▶▶▶▶▶

Name of exhibition .....

Section

☐ Artistic Gymnastics                      ☐ Rhythmic Gymnastics                      ☐ Dance    ☐ Sport Dance                      ☐ General Gymnastic  
☐ Other.....

Tot. Athletes                      Females .....                      Males .....

Under 11 (up to year 2006)                      Yes ☐    No ☐

Over 40                      Yes ☐    No ☐

Single                      Yes ☐    No ☐

▶▶▶▶▶▶▶▶▶▶

Name of exhibition .....

Section

☐ Artistic Gymnastics                      ☐ Rhythmic Gymnastics                      ☐ Dance    ☐ Sport Dance                      ☐ General Gymnastic  
☐ Other.....

Tot. Athletes                      Females .....                      Males .....

Under 11 (up to year 2006)                      Yes ☐    No ☐

Over 40                      Yes ☐    No ☐

Single                      Yes ☐    No ☐

*We declare that all athletes are properly insured against accidents and in possession of a valid medical certificate.*

President Signature

Date: \_\_\_\_\_

<b>Flight Schedule</b>
------------------------

Club from: \_\_\_\_\_

Departing Flight:

Departing from (airport): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/2017                      Flight No: \_\_\_\_\_

Time: \_\_\_\_\_                      Persons: \_\_\_\_\_

Arriving at (airport): \_\_\_\_\_

Returning Flight:

Departing from (airport): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/2017                      Flight No: \_\_\_\_\_

Time: \_\_\_\_\_                      Persons: \_\_\_\_\_

Arriving at (airport): \_\_\_\_\_



JUNE, 9th and 10th 2017  
Spoleto (PG)

Please complete this form for any delegation members who need a personal invitation to assist with their Visa Application for entry in Italy. After this information is received, a letter of invitation will be sent to the applicants.

Family/Last name	First name	Function	Passport #
		ATHLETE ____ COACH ____ JUDGE ____ OTHER ____	
		ATHLETE ____ COACH ____ JUDGE ____ OTHER ____	
		ATHLETE ____ COACH ____ JUDGE ____ OTHER ____	
		ATHLETE ____ COACH ____ JUDGE ____ OTHER ____	
		ATHLETE ____ COACH ____ JUDGE ____ OTHER ____	
		ATHLETE ____ COACH ____ JUDGE ____ OTHER ____	
		ATHLETE ____ COACH ____ JUDGE ____ OTHER ____	
		ATHLETE ____ COACH ____ JUDGE ____ OTHER ____	
		ATHLETE ____ COACH ____ JUDGE ____ OTHER ____	
		ATHLETE ____ COACH ____ JUDGE ____ OTHER ____	
		ATHLETE ____ COACH ____ JUDGE ____ OTHER ____	
		ATHLETE ____ COACH ____ JUDGE ____ OTHER ____	

**Please Provide the Complete and Full Name as it appears on the Passport**



**CON SPOLETO - CONSORZIO OPERATORI TURISTICI DI SPOLETO**  
Largo Possenti – 06049 Spoleto (PG) TEL. 0743/220773 FAX 0743/202027  
www.conspoletto.com - info@conspoletto.com

**HOTEL RESERVATION FORM OF REQUEST PAGE. 1**  
**"XIX INTERNATIONALGYM TROPHY"**  
**"XII INTERNATIONAL RHYTHMIC GYMNASTICS TOURNAMENT"**  
**Spoleto 9th-10th-11th June 2017**

Date:			
REFERENT:	Name:	Surname:	
	Telephone:	Cell phone:	
	Fax:	E-mail:	
ASSOCIATION:			
CHAMPIONSHIP			
PARTECIPATION:			
Guests details :	NAMES:		
	N. ADULTS:	N. CHILDREN:	
N° Persons:	Arrival date:	Departure date:	N. nights:
Type and number of rooms:	<input type="checkbox"/> n. .... single room/s <input type="checkbox"/> n. .... dus room/s (double for single use)		
	<input type="checkbox"/> n. .... double room/s <input type="checkbox"/> n. .... matrimonial room/s		
	<input type="checkbox"/> n. .... triple room/s <input type="checkbox"/> n. .... Quadruple room/s		
Rates and type of hotel choice (subject to availability)	<input type="checkbox"/> <b>Epoca's Residence / Hotel 4 stars:</b> <input type="checkbox"/> from € 38,00 to € 45,00 with b&b <input type="checkbox"/> from € 50,00 to € 55,00 with ½ board <input type="checkbox"/> from € 55,00 to € 60,00 with full board <input type="checkbox"/> Supplement single/double room: € 15,00		
	<input type="checkbox"/> <b>Hotel 3 stars:</b> <input type="checkbox"/> from € 27,00 to € 35,00 with b&b <input type="checkbox"/> from € 37,00 to € 43,00 with ½ board <input type="checkbox"/> from € 42,00 to € 48,00 with full board <input type="checkbox"/> Supplement single/double room: € 15,00		
	<input type="checkbox"/> <b>Hotel 2 stars:</b> <input type="checkbox"/> from € 24,00 to € 30,00 with b&b <input type="checkbox"/> from € 34,00 to € 38,00 with ½ board <input type="checkbox"/> from € 37,00 to € 43,00with full board <input type="checkbox"/> Supplement single/double room: € 15,00		
Treatment required:	<b>"These rates are PER PERSON PER DAY If half board or full board with drinks Water or soda ½ - ¼ of wine (for adults) "</b>		
	INDICATE THE MEAL AND CHOOSE THE NUMBER OF PERSONS FOR EVERY MEAL: <input type="checkbox"/> lunch n. .... <input type="checkbox"/> dinner n. ....		
WARRANTY: (select the mode you choose, if your credit card indicate all the required data)	<input type="checkbox"/> <b>CREDIT CARD</b>		
	NOME: _____	SURNAME _____	
	TIPO CARTA: _____	N.: _____	
SCADENZA: _____	CVV: _____		
	<input type="checkbox"/> <b>bank transfer for the amount of the first night</b> at the hotel (on confirmation of booking we will provide all the data the hotel booked)		

**This completed form must be returned by fax or mail to:**

**CON SPOLETO - CONSORZIO OPERATORI TURISTICI DI SPOLETO**

Largo Possenti - 06049 Spoleto (PG) Italy

Fax: +39.0743.202027 mail: info@conspoletto.com

**which will confirm your reservation request based on availability remained**



## TERMS AND CONDITIONS FOR HOTEL RESERVATIONS PAGE. 2

### HOTEL RESERVATIONS

For information or hotel reservations, please contact:

**CON SPOLETO** Consorzio Operatori Turistici

Largo Possenti - 06049 Spoleto PG

Tel. 0743 220773 Fax 0743 202027

e-mail: [info@conspoleto.com](mailto:info@conspoleto.com)

Participants who wish to make a hotel reservation are requested to use only the special hotel reservation form attached to this

### DEADLINE HOTEL RESERVATIONS

The reservation will be guaranteed to all those who send the request within **29<sup>th</sup> May 2017**; after that date will proceed on demand, so reservations will be subject to availability. The allocation of rooms will be made according to the chronological order of arrival of requests.

Each participant will receive a confirmation of your reservation with your name and contact details of the hotel booked.

### GUARANTEE AND PAYMENT RESERVATION

Upon confirmation of booking, **each request must be accompanied by details of a credit card guarantee or advance payment by bank transfer, the first night payable directly to the hotel** (you will be notified for this purpose all the necessary data).

### CANCELLATIONS AND PENALTIES

In case of cancellation of hotel reservation to be notified in writing by e-mail or fax to Con Spoleto Consorzio Operatori Turistici will apply the following penalties:

In case of cancellation up to 3<sup>rd</sup> June 2017 will not be charged any penalty;

In case of cancellation from 4<sup>th</sup> June till day of arrival will be charged the first night's stay

In case of **no-show** (not reported) will be charged an amount equal to the total of your stay