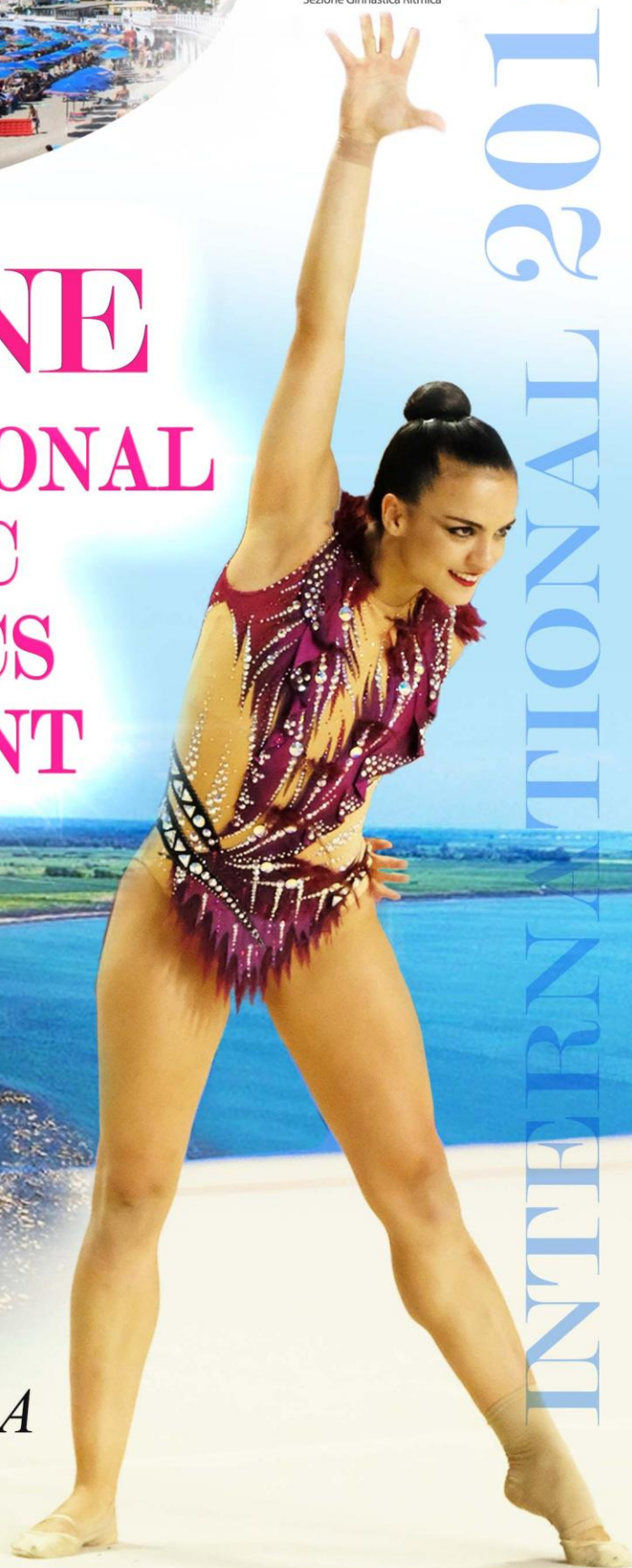


INTERNATIONAL 2018

16-17 JUNE

XIII INTERNATIONAL RHYTHMIC GYMNASTICS TOURNAMENT



SANTA MARINELLA
(ROME - ITALY)



Iscritta nel Registro delle
Associazioni di Promozione Sociale
n. 713 - Det. N. D4535 del 14/12/2006



Prefettura di Roma - Ufficio Territoriale del Governo
Iscritta nel Registro delle Persone Giuridiche ai sensi del D.P.R.
10 febbraio 2000, n.361. Numero di iscrizione 1139/2016



XIII INTERNATIONAL RHYTHMIC GYMNASTICS TOURNAMENT

SANTA MARINELLA (ROME - ITALY), 16th – 17th June 2018

ORGANIZING COMMITTEE: CONFSPORT ITALIA
Via Salvatore Rebecchini, 17 - 00148 Rome - Italy
www.confsportitalia.it - info@confsportitalia.it

PHONE: +390655282936 - +39065506622

FAX: +390694809036

LOCATION: Santa Marinella (Rome - Italy)

DATES: Saturday, 16th and Sunday, 17th June 2017

COMPETITION HALL: Palazzetto dello Sport

COMPETITION: **08:00 – 16:00**

RULES AND REGULATIONS: The event will be organized under the FIG rules, as valid in the year of the event.

AGE CATEGORIES AND PROGRAM:

Level A

| Categories | Apparatus | Body Difficulties | S | R | AD |
|-----------------------------------|---------------------------------------|---|--------|--------|--------|
| Children 2011-2010 | W.A. rope, hoop, ball, clubs, ribbon | 6 BD highest count (Min.1 per BG) | Min. 2 | Max. 1 | Min. 1 |
| Girls 2009-2008 | W.A., rope, hoop, ball, clubs, ribbon | Min. 3 Max. 7 highest count (Min. 1 per BG) | Min. 2 | Max. 2 | Min. 1 |
| Pre-Juniors 2007-2006 | rope, hoop, ball, clubs, ribbon | Min. 3 Max. 7 highest count (Min. 1 per BG) | Min. 2 | Max. 3 | Min. 1 |
| Juniors 2005-2004-2003 | rope, hoop, ball, clubs, ribbon | Min. 3 Max. 7 highest count (Min. 1 per BG) | Min. 1 | Max. 4 | Min. 1 |
| Seniors 2002 or older | rope, hoop, ball, clubs, ribbon | Min. 3 Max. 9 highest count (Min.1 per BG) | Min. 1 | Max. 5 | Min. 1 |

Level B

| Categories | TOT. D | Apparatus | Body Difficulties | S | R | AD |
|-----------------------------------|--------|---------------------------------------|---|--------|--------|-------------------|
| Children 2011-2010 | 4,00 | W.A. rope, hoop, ball, clubs, ribbon | Min. 3 Max. 6 highest count (Min. 1 per BG) | Min. 2 | Max. 1 | No Min/ No Max |
| Girls 2009-2008 | 4,00 | W.A., rope, hoop, ball, clubs, ribbon | Min. 3 Max. 6 highest count (Min. 1 per BG) | Min. 2 | Max. 2 | No Min/ No Max |
| Pre-Juniors 2007-2006 | 5,00 | W.A., rope, hoop, ball, clubs, ribbon | Min. 3 Max. 6 highest count (Min. 1 per BG) | Min. 2 | Min. 3 | No Min/ No Max |
| Juniors 2005-2004-2003 | 5,00 | rope, hoop, ball, clubs, ribbon | Min. 3 Max. 6 highest count (Min. 1 per BG) | Min. 1 | Min. 4 | No Min/ No Max |
| Seniors 2002 or older | 6,00 | rope, hoop, ball, clubs, ribbon | Min. 3 Max. 6 highest count (Min. 1 per BG) | Min. 1 | Min. 5 | No Min/ No Max |

| | |
|-------------------------------------|--|
| DELEGATIONS: | <p>3 gymnasts per category and each gymnast can enter with max of 2 apparatus.</p> <p>After all applications will be submitted, if a minimum of 3 participants for apparatus will not be reached, Confsport Italia reserves the right to modify the program.</p> <p>1 coach</p> <p>1 Judge (in possession of brevet IV) preferred but not required.</p> |
| REGISTRATION DEADLINES: | <p>It is necessary to fill in, sign and send back the registration form of the XIII International Rhythmic Gymnastics Tournament. Applications must be received by fax or e-mail to Confsport Italia no later than 17 May 2018.</p> |
| ENTRY FEES: | Registration fee for each gymnast is free. |
| MEDICAL SERVICE: | There will be the Medical services provided. |
| VISA: | <p>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 as soon as possible.</p> <p>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 must be sent to.</p> |
| INSURANCE: | <p>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 member with insufficient insurance cover must inform the OC in advance.</p> |
| INTERNATIONAL TRASPORTATION: | <p>The invited participating teams must pay for the travel costs of their delegations members to/from Italy.</p> <p>The Travel Schedule must be returned to the OC by 17 May 2018.</p> |
| LOCAL TRASPORTATION: | The OC will cover the transportation to/from Hotel to/from venue. |
| ACCOMODATION: | The costs of the hotels can be viewed in "Hotel Reservation Form". |
| AWARDS | <p>First 3 positions for each apparatus and category will be awarded with medals: Gold-Silver-Bronze, cups and special gifts.</p> <p>The other gymnasts will be awarded with medals.</p> |

13th INTERNATIONAL RHYTHMIC GYMNASTICS TOURNAMENT

Santa Marinella (Rome - Italy), June 16th - 17th 2018

APPLICATION FORM

Club.....

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

Phone.....Fax.....E-mail.....

Team Manager.....Phone.....

| | Gymnast's Name | Apparatus | Level | Categories | Date of birth | | |
|----|----------------|-----------|-------|------------|---------------|--|--|
| 01 | | | | | | | |
| 02 | | | | | | | |
| 03 | | | | | | | |
| 04 | | | | | | | |
| 05 | | | | | | | |
| 06 | | | | | | | |
| 07 | | | | | | | |
| 08 | | | | | | | |
| 09 | | | | | | | |
| 10 | | | | | | | |

Coach/Executive

| | Name | Title | Phone | Fax | Mail | Willing to judge? |
|----|------|-------|-------|-----|------|-------------------|
| 01 | | | | | | Yes/No |
| 02 | | | | | | Yes/No |

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

President Signature

Date: _____

| |
|------------------------|
| Flight Schedule |
|------------------------|

Club from: _____

Departing Flight:

Departing from (airport): _____

Date: ____/____/2018

Flight №: _____

Time: _____

Persons: _____

Arriving at (airport): _____

Returning Flight:

Departing from (airport): _____

Date: ____/____/2018

Flight №: _____

Time: _____

Persons: _____

Arriving at (airport): _____

Santa Marinella (Rome - Italy), June 16th - 17th 2018

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 ____ | |

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

HOTEL RESERVATION FORM OF REQUEST

"XX INTERNATIONAL GYM TROPHY"

Santa Severa - Santa Marinella (Rome, Italy), June 15th and 16th 2018

| | | | |
|---|---|---|--|
| Date: | | | |
| REFERENT: | Name: | Surname: | |
| | Telephone: | Cell phone: | |
| | Fax: | E-mail: | |
| ASSOCIATION: | | | |
| N° Persons: | Arrival Date: | | |
| | Departure Date: | | |
| | N° Nights: | | |
| | N. ADULTS: | N. CHILDREN: | |
| Type and number of rooms: | <input type="checkbox"/> n. single room/s | | |
| | <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"/> Castle of Santa Severa Hostel: <input type="checkbox"/> 65 EU/person full board double, triple or quadruple rooms <input type="checkbox"/> 52 EU/person half board double, triple or quadruple rooms | | |
| | <input type="checkbox"/> "Pino al Mare" Hotel: <input type="checkbox"/> 50 EU/person half board double and triple rooms <input type="checkbox"/> 40 EU/person half board quadruple rooms <input type="checkbox"/> 60 EU/person in half board single rooms <input type="checkbox"/> 57 EU/person in full board double and triple rooms <input type="checkbox"/> 47 EU/person full board Quadruple rooms <input type="checkbox"/> 67 EU/person full board Single rooms | | |
| PAYMENTS | Attachment invoice payment to: CONFESPORT ITALIA - Via Salvatore Rebecchini, 17 - 00148 ROMA (ITALIA) IBAN IT45W0503403298000000005558 | | |
| Deadline Hotel reservations | The reservation will be guaranteed to all those who send the request within 15 MAY 2018 ; 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. If there is not availability in the two partner structures, we will proceed with booking in another structure and the same rates will not be guaranteed. Each Association will receive a confirmation of your reservation with your name and contact details of the hotel booked. | | |

This completed form must be returned within 15 may 2018 by fax or mail to:

+390694809036

Confesport Italia: info@confesportitalia.it