



Regione Umbria



Provincia di Perugia



Con il patrocinio  
e la compartecipazione del  
COMUNE DI FOLIGNO



Confsport Italia A.S.D.R.

Forum Europeo delle Associazioni, Sportive, Culturali e del Tempo Libero



Sotto l'alto patrocinio del Parlamento Europeo



Parlamento europeo

# XIV INTERNATIONAL RHYTHMIC GYMNASTICS TOURNAMENT June 15<sup>th</sup> and 16<sup>th</sup> 2019

Palazzetto dello Sport  
Giuseppe Paternesi, Foligno, ITALY



Federazione di categoria:



Membership:



Member of:



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www.ituoi fotografi.it



Dress: Milano



di Colalacomo Graziella



## XIV INTERNATIONAL RHYTHMIC GYMNASTICS TOURNAMENT

**FOLIGNO (PERUGIA - ITALY), 15th – 16th June 2019**

<b>ORGANIZING COMMITTEE</b>	<p>CONFSPORT ITALIA Via Salvatore Rebecchini, 17 - 00148 Rome – Italy Tel. +390655282936 - +39065506622 Fax +390694809036 www.confSPORTitalia.it - <a href="mailto:info@confSPORTitalia.it">info@confSPORTitalia.it</a></p>
<b>LOCATION</b>	Foligno (Perugia - Italy)
<b>DATE</b>	Saturday, 15 <sup>th</sup> and Sunday, 16 <sup>th</sup> June 2019
<b>COMPETITION HALL</b>	<p>Palasport Paternesi Via Monte Cucco – Foligno (PG) - Italy</p> 
<b>RULES AND REGULATIONS</b>	The event will be organized under the FIG rules, as valid in the year of the event.
<b>DELEGATIONS</b>	<p><b>3 gymnasts</b> per category and each gymnast can enter with max of 2 apparatus. 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. <b>1 coach</b> <b>1 Judge</b> (in possession of brevet IV) preferred but not required. <b>If your delegation chooses to participate without a judge, a fee of 60 € must be paid.</b></p>

<b>REGISTRATION DEADLINES:</b>	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 <b>17 May 2019</b> .
<b>ENTRY FEES</b>	<b>Registration fee for each gymnast is free.</b>
<b>ACCREDITATION</b>	All information will be given to participant members in sport hall at accreditation desk. Team leaders are required to bring: <ul style="list-style-type: none"> <li>- Proof of medical insurance for all participating gymnasts;</li> <li>- CDs or USBs for each routine, as a back-up for online registered music (clearly labelled with gymnasts name, surname and apparatus).</li> </ul>
<b>PROVISIONAL SCHEDULE</b>	<b>13<sup>th</sup>. June (Thursday)</b> - Arrival day. <b>14<sup>th</sup>. June (Friday)</b> - Arrival day, Judges meeting, XXI Internationalgym Trophy. <b>15<sup>th</sup>. June (Saturday)</b> - Individual competition day, XXI Internationalgym Trophy. <b>16<sup>th</sup>. June (Sunday)</b> - Individual competition day. Departure of the delegation <b>17<sup>th</sup>. June (Monday)</b> - Departure of the delegation.
<b>MEDICAL SERVICE</b>	There will be the Medical services provided.
<b>VISA</b>	Please verify immediately with your travel agent or the 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 to the Organizing Committee until 1 April 2019 or 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 must be sent to.
<b>INSURANCE</b>	The Organizing Committee will not be held 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.
<b>INTERNATIONAL TRASPORTATION</b>	The invited participating teams must pay for the travel costs of their delegation members to/from Italy. The Travel Schedule must be returned to the OC by 17 May 2019.
<b>LOCAL TRASPORTATION</b>	The OC will cover the transportation to/from Hotel to/from venue.
<b>ACCOMODATION</b>	The costs of the hotels can be viewed in "Hotel Reservation Form".

<b>AWARDS</b>	For all categories and apparatus, the winner will receive a trophy and a medal. Second and third place we receive medals. All participants will receive gifts for participation.
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**AGE CATEGORIES AND PROGRAM:**

**Level A**

Categories	TOT. D	Apparatus	Body Difficulties	S	R	AD
<b>Baby 2012-2011</b>	Max 4,50	W.A., rope, hoop, ball	Min. 3 Max. 7 highest count (Min. 1 per BG)	Min. 2	Max. 1	Max. 2
<b>Children 2010-2009</b>	Max 6,00	W.A., rope, hoop, ball, clubs, ribbon	Min. 3 Max. 7 highest count (Min. 1 per BG)	Min. 2	Max. 2	No Min/ No Max
<b>Girls 2008-2007</b>	Max 7,00	W.A., rope, hoop, ball, clubs, ribbon	Min. 3 Max. 7 highest count (Min. 1 per BG)	Min. 2	Min. 1 Max. 3	No Min/ No Max
<b>Juniors 2006-2005-2004</b>	Max 8,00	rope, hoop, ball, clubs, ribbon	Min. 3 Max. 8 highest count (Min. 1 per BG)	Min. 2	Min. 1 Max. 4	No Min/ No Max
<b>Seniors 2003 or older</b>	Max 10,00	rope, hoop, ball, clubs, ribbon	Min. 3 Max. 9 highest count (Min. 1 per BG)	Min. 1	Min. 1 Max. 5	Min. 1

**Level B**

Categories	TOT. D	Apparatus	Body Difficulties	S	R	AD
<b>Baby 2013-2012-2011</b>	Max 2,50	W.A. rope, hoop, ball	Min. 3 Max. 7 highest count (Min. 1 per BG)	Min. 2	Max 1	Max 2
<b>Children 2010-209</b>	Max 4,00	W.A. rope, hoop, ball, clubs	Min. 3 Max. 7 highest count (Min. 1 per BG)	Min. 2	Max 1	No Min/ No Max
<b>Girls 2008-2007</b>	Max 5,00	W.A., rope, hoop, ball, clubs, ribbon	Min. 3 Max. 7 highest count (Min. 1 per BG)	Min. 2	Max 2	No Min/ No Max
<b>Juniors 2006-2005-2004</b>	Max 6,00	rope, hoop, ball, clubs, ribbon	Min. 3 Max. 7 highest count (Min. 1 per BG)	Min. 2	Min. 1 Max. 3	No Min/ No Max
<b>Seniors 2003 or older</b>	Max 7,00	rope, hoop, ball, clubs, ribbon	Min. 3 Max. 9 highest count (Min. 1 per BG)	Min. 1	Min. 1 Max. 4	Min. 1

14<sup>th</sup> INTERNATIONAL RHYTHMIC GYMNASTICS TOURNAMENT

Foligno (Perugia - Italy), June 15<sup>th</sup> - 16<sup>th</sup> 2019

## APPLICATION FORM - DELEGATION

<b>Country:</b>	
<b>Club:</b>	
<b>Adress:</b>	
<b>City:</b>	
<b>Contact person:</b>	
<b>Email:</b>	
<b>Phone:</b>	

<b>Coach:</b>	
<b>Judge</b> Specify - national or brevet	
<b>Judge</b> Specify - national or brevet	

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

*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: \_\_\_\_/\_\_\_\_/2019                      Flight No: \_\_\_\_\_

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

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

Returning Flight:

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

Date: \_\_\_\_/\_\_\_\_/2019                      Flight No: \_\_\_\_\_

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

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

**Foligno (Perugia - Italy), June 15<sup>th</sup> - 16<sup>th</sup> 2019**

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 ___	
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		ATHLETE ___ COACH ___ JUDGE ___ OTHER ___	
		ATHLETE ___ COACH ___ JUDGE ___ OTHER ___	

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

## XIV INTERNATIONAL RHYTHMIC GYMNASTICS TOURNAMENT

**FOLIGNO (PERUGIA - ITALY), 15th – 16th June 2019**

### HOTEL BOOKING FORM

	DOUBLE ROOM	MULTIPLE ROOM	SINGLE ROOM SURCHARGE	HALF BOARD SUPPLEMENT
HOTEL 2 ★	€ 35,00	€ 32,00	€ 15,00	€ 18,00
HOTEL 3 ★	€ 45,00	€ 42,00	€ 18,00	€ 20,00
HOTEL 4 ★	€ 55,00	€ 52,00	€ 20,00	€ 23,00

NET HOTEL PRICES ARE PER PERSON PER NIGHT  
RATES DO NOT INCLUDE THE TOURIST TAX

### PERSONAL DATA SHEET

(Mandatory data for booking and payment)

Name \_\_\_\_\_ Surname \_\_\_\_\_

Team \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP CODE \_\_\_\_\_ State \_\_\_\_\_

Tel. \_\_\_\_\_ / \_\_\_\_\_ Cell. \_\_\_\_\_ / \_\_\_\_\_ Fax \_\_\_\_\_ / \_\_\_\_\_

e-mail \_\_\_\_\_

I wish to reserve the following rooms:

<input type="checkbox"/> N° ... Single room	per N° ... night	Arrival ...../06/2019	Departure ...../06/2019
<input type="checkbox"/> N° ... Double room	per N° ... night	Arrival ...../06/2019	Departure ...../06/2019
<input type="checkbox"/> N° ... Multiple room	per N° ... night	Arrival ...../06/2019	Departure ...../06/2019
Preferred Hotel Category: _____			

#### TERMS OF PAYMENT

The balance must be paid for final confirmation of the booking by 27<sup>th</sup> May 2019 through

- bank transfer (no bank transfer fees charged to UmbriaSi):  
c / c Banca Popolare di Spoleto agency via Settevalli Perugia  
Intended in UmbriaSi  
IBAN IT 64 Y 05704 03010 0000 0012 0400  
SWIFT CODE BPSIT31XXX
- credit card following the procedure that we will indicate in a subsequent email

#### CANCELLATION TERMS

Any cancellations must be sent in writing by fax.

- For cancellations made until 27/05/2019 no penalty will be applied.
- For cancellations after 27/05/2019 up to the date of the championship, delayed arrival and / or early departure, as well as no show (not intended for presentation at the hotel) the total amount of the stay will be requested, subject to the possibility that the hotel is able to resell the rooms.

Signature \_\_\_\_\_ Date \_\_\_\_\_