



Dear Friends,

The Czech Modern Pentathlon Association in cooperation with ASC Dukla Praha has the pleasure of inviting a delegation of your country to participate in the 2017 Czech Open Youth "A" (Under19) Championships that will be held in Prague, from 9 June to 11 June 2017, according to provisional schedule below:

| 9 June | Friday                  |
|--------|-------------------------|
|        | Arrival of participants |
|        | 20:30 Technical Meeting |

- 10 June Saturday Individual
  - 08:00 Fencing girls
    - 10:00 Swimming boys
    - 12:00 Fencing boys
    - 12:30 Swimming girls
    - 14:30 Laser-Run girls
    - 16:00 Prize giving ceremony girls
    - 16:30 Laser-Run boys
    - 18:00 Prize giving ceremony
- 11 June Sunday Mix relay
  - 09:00 Fencing
  - 12:30 Swimming
  - 14:20 Laser-Run
  - 15:00 Prize giving ceremony

#### RULES

The competition will be carried out according to the current UIPM Rules.

Swimming:25 m indoor swimming pool / 6 lanes (Juliska)Fencing:9+1 pistesCombined Event:30+3 (or 18+2) precision laser targets (PLT); mostly hard surface,<br/>spikes are not recommended (Juliska)

Czech Modern Pentathlon Federation invites at this moment unlimited number of the athletes and managers/coaches per National Federation. But the organizers reserve the right to reduce overall amount of the athletes per NF - acceptance of entries will be based on the order of Entry Forms A at the Organising Committee.

#### FINANCIAL CONDITIONS

As it is approved by the UIPM, all delegation members (including athletes, coaches and officials) have to pay as follows:

Entry form C received prior to 5<sup>th</sup> May:

- € 40 for double room per night per person (30 rooms)
- € 50 for single room per night per person (5 rooms)

Entry form C or changes received after to 5<sup>th</sup> May:

 $\in$  50 for double room per night per person

€ 60 for single room per night per person

Prices include entry to the competition, local transport, accommodation - 1 night in single or double room with breakfast, lunch packets - only competition days (Saturday, Sunday) and dinner. (Start with dinner, finnish with breakfast).

Delegations are required to send by bank transfer a minimum of 30 percent of the total amount of their accommodation invoice until 5<sup>th</sup> May, otherwise the reservation will not be guaranteed. After receiving final Form C and the non-refundable 30 percent deposit, we will send you an invoice for the remainder of the total cost for your delegation. This may be paid in cash (Euros only) at the accreditation desk on arrival, or sent by bank transfer in advance.

| Bank details          |  |
|-----------------------|--|
| Account name:         | Cesky svaz moderniho petiboje          |
| Name of bank:         | GE Money Bank, a. s.                   |
| Bank Address:         | Vitezne Namesti 577/2, Praha 6, 160 00 |
| Account number - EUR: | 215541701/0600                         |
| IBAN code:            | CZ580600000000215541701                |
| SWIFT code:           | AGBACZPP                               |

All extra cost for bank transfer should be worn by the national federation.

Nations wishing to arrange their own accommodation must pay  $\in$  80 per person per competition accreditation fee which is also required to be paid in cash at the accreditation desk on arrival. For this, we will provide lunch packets for the competition days and allow access to official transportation between competition sites.

#### TRANSPORT

Transportation from the Prague international airport (or Prague railway station) to the official hotel and the return journey is only guaranteed if arrival information is provided in good time and according to the deadline on Entry Form C. Transportation from the official hotel to the venue for athletes will be according to the competition programme.

#### **ENTRY FORMS**

We would appreciate early confirmation of your intention to participate or not and submit this as Entry Form A.

Deadlines for the Entry Forms are as follows:

Form A (informative):before  $31^{st}$  MarchForm B (preliminary):before  $20^{th}$  AprilForm C (final):before  $5^{th}$  May

#### **INSURANCE and ATHLETES' LICENSES**

Athletes are only allowed to participate in UIPM sanctioned events if they are in possession of a valid UIPM issued Athletes License. According to UIPM Rules all members of attending delegations should insure themselves in case of accidental injury or illness. The organizer will not accept any responsibility financial or other, for any loss, injury or illness of any member of the delegation.

#### **EQUIPMENT CONTROL**

Fencing equipment control take place on the piste before the start of the first bout. Pistol check will generally take place at competition site and starts 120 minutes before CE starts. It will be possible to check your shooting equipment on Saturday, 10 June, from 12 a.m. at the pentathlon center (just close to the swimming pool) as well.

#### **VISAS & VACCINATIONS**

The LOC cannot accept responsibility for arranging visas but can provide specific letters of invitation if needed. For information if you need a visa or vaccinations please contact your nearest Embassy or Consulate.

#### **OFFICIAL ADDRESSES**

Czech Modern Pentathlon Association Address: Zátopkova 100/2, 169 00 Prague 6 Tel.: +420 725937843 (L. Grolichová) E-mail: czechopen@pentathlon.cz CMPA website: www.pentathlon.cz

Swimming and CE:Competition venue:Address:Address:Na Julisce 28/2, 160 00 Prague 6 – DejviceFencing:Competition venue:Multi-purpose Sport Center "Pod Juliskou"Address:Pod Juliskou 4, 160 00 Prague 6 – Dejvice

Accommodation: Hotel DAP\*\*\* Address: Vítězné náměstí 4/684, Praha 6, 160 00, <u>www.daphotel.cz</u>

We hope to see your delegation in Prague. Best regards,



Bohumil HRUDKA Chairman of the LOC President of the CMPA

|                     |                | ENTRY FORM "A                     | <b>\</b> "          |
|---------------------|----------------|-----------------------------------|---------------------|
|                     | Reti           | urn not later than 31             | <sup>st</sup> March |
| Nation:             |                | Contact Person:                   | ·                   |
| Tel :               | Fax :          | E-Mail:                           | :                   |
| PARTICIPATION : e   | stimated Num   | nber of Persons, mix<br>Men Women | -                   |
| Athletes            |                |                                   |                     |
| Coaches /Officials  |                |                                   |                     |
| ACCOMODATION:       |                |                                   | Mark with "X":      |
| The Delegation will | stay in the Of | fficial Hotel                     | _YES NO             |
| IF YES:             |                |                                   |                     |
| Double rooms        | n              | from                              | _ to                |
| Single rooms        | n              | from                              | _ to                |

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Name (printed) + signature:

Date:

# ENTRY FORM "B" (Preliminary) Return not later than 20<sup>th</sup> April Nation: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel : \_\_\_\_\_ Fax :\_\_\_\_\_ E-Mail: \_\_\_\_\_ Male Athletes Date Group First Name ID Number Passport No. Surname of Birth No. Female Group Athletes First Name ID number Date of Birth Passport No. No. Surname

| Officials Surname | First Name | Function | Passport No. |
|-------------------|------------|----------|--------------|
|                   |            |          |              |
|                   |            |          |              |
|                   |            |          |              |
|                   |            |          |              |
|                   |            |          |              |

| Group No. | Arrival Date | Time | Flight nr. | Departure<br>Date. | Time | Flight nr. |
|-----------|--------------|------|------------|--------------------|------|------------|
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| ACCOMODATION:       |                |              |      | Mark with "X": |    |  |  |
|---------------------|----------------|--------------|------|----------------|----|--|--|
| The Delegation will | stay in the Of | ficial Hotel | YES  |                | NO |  |  |
| <u>IF YES:</u>      |                |              |      |                |    |  |  |
| Double rooms        | n              | from         | _ to |                |    |  |  |
| Single rooms        | n              | from         | _ to |                |    |  |  |

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### Name (printed) + signature:

Date:

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| Natio    | on:           |          |                 | Conta                | ct Persor            | 1:              |                      |                                |
| Tel :    |               |          | Fax :           |                      | E-Mai                |                 |                      |                                |
| ast Name | First<br>Name | Function | Arrival<br>Date | Time<br>(Flight No.) | Type of<br>transport | Depart.<br>Date | Time<br>(Flight No.) | Room Type (S/D)<br>Room - mate |
|          |               |          |                 |                      |                      |                 |                      |                                |
|          |               |          |                 |                      |                      |                 |                      |                                |
|          |               |          |                 |                      |                      |                 |                      |                                |
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