

Beach Rugby Festival®

5vs5 Male - 5vs5 Female

Beach Rugby

Bibione (Venice) – 24th/25th of June, 2017

Registration form – Booking request for tour package/tourism facilities

This form, completed in all its parts, must be sent with attached the Athletes form and the receipt of payment (bank transfer)

by fax to: **0039 041.595.14.82/ 041.595.98.82** or by e-mail to: iscrizioni@radunisportivi.it

Information: 0039 041.595.06.12 – 0039 320.901.88.99 – 0039 338.271.23.84 - segreteria@sportfelix.it

By sending this form participants accept the general rules of this sports event

Specify the game category, the team name and the number of athletes

Beach Rugby Formula 5vs5 M 5vs5 F

Name of the team (max 25 characters): _____ n. athletes: _____

Manager: name and surname _____ Date and place of birth _____

Street _____ n. _____ Postal code _____

City _____ (_____) Country _____

Mobile _____ e-mail _____

Registrations must be completed no later than the second deadline: Thursday **June 13th** by faxing (0039 041.595.98.82 or 0039 041.595.14.82) or by e-mail (iscrizioni@radunisportivi.it with a .pdf file). The entry form, together with the **payment** receipt of the entire amount of registration fees for the whole team accommodation, injury insurance policy and any additional services (in case of bank transfer), indicating in the payment description: *Beach Rugby Festival (or BRF)* and the name of team/s; when paying by credit card will be enough to send the entry form only. Any request for plane/train/ferry tickets and/or bus transfers must be paid in full (100%), indicating in the payment description: *Transfer Beach Rugby Festival* and the name of the team. To facilitate administrative work, please do not let pass more than three days from the date of the payment and the date of the forwarding of the documents requested. The **outstanding balance** of individual athlete fees, part of the amount due for accommodation or other services will take place during check-in (no payments by check, cash card and credit card). **Additional charge:** in case the entry form is sent after the first deadline Thursday June 1st there will be an extra charge of € 20,00 on every team fees. **The confirmation** will be sent by e-mail to the person in charge of the contract, ten working days after the receipt of the entry form. If the person in charge of the contract will not receive any confirmation after ten working days needs to contact our secretariat. **Withdrawals** taking place prior to departure shall be subject to the penalty fees outlined in "General terms and conditions - art. 7".

Tick the payment type chosen:

Bank transfer. The copy of the payment receipt must be sent (by fax or email) together with the entry form. The beneficiary of bank transfer must be Raduni Sportivi Ltd. (via Milano, 2/b – 30020 Marcon – Ve) to c/c n. 1313 of Banco Popolare – Venezia Branch, San Leonardo, 1906 (IBAN: IT61 L 05034 02013 000000001313 – SWIFT: BAPPIT21603) indicating in the payment description: Mizuno Beach Volley Marathon (or BVM) and teams' names.

Credit card* (Visa and Mastercard – you have to ask by email for the link to make the payment, secretariat will send the link within three days)

*For every transaction with a credit card, there is a commission provided at your expenses.

Athlete registration fee: €10,00/athlete; specify the number, though not definitive. n. _____

Team registration fee 5vs5 M/F: €250,00 per team, €150,00 per team if all athletes lodge in the accommodations offered by ABA.

Extra-charges. In case the entry form is sent after June 13th there will be an extra charge of 20 euros on the team fees.

Insurance for injury: Athletes who are lacking of personal insurance can pay a supplement of **10,00 euro/athlete**: this amount will provide him/her with insurance coverage for accident risk during the event. The names of athletes who request the insurance must be indicated on the "athletes form". All the information about the insurance policy can be downloaded in the section: "Useful documents" at www.beachrugby.com website.

Specify the number of athletes for which you require the insurance policy: number _____ athletes.

Accommodation

From this year on, participants can request a stay by contacting the Bibione Hoteliers Association (ABA) on +39 0431.44.70.52 – email: rossella@abaviaggi.it. This will allow you to choose the best accommodation among the wide range of hotels, apartments, mobile homes etc. With the confirmation of the stay, which includes a minimum stay of two-nights for all team members, the ABA will release a personal code that, when indicated here, will allow the reduction on the registration fee.

Indicate your personal code: _____

Indicate the number of nights requested and the type of accommodation booked: _____

By sending this form participants are agreeing to the General terms and the Terms for sale of tour packages (to download go to www.beachrugby.com)

Signature for acceptance by the manager:

Surname and name of the manager _____

BEACH RUGBY FESTIVAL® - ATHLETES REGISTRATION FORM

This form must be filled in by each team, as well as printed, signed by all members of the team and then delivered at check-in with athletes' health certificates; any amendments and/or additions to the list athletes (ex.: entering new athletes, integration missing data, etc.) can be made at the time of check-in. In the case of participation of athletes under the age limit will be the signature of the parent/guardian agrees that the participation of the child as an athlete to the sporting event. The undersigned declare: a) to know and respect the general regulation of Beach Rugby Festival®, viewed and downloaded on the website www.beachrugby.com; b) be aware that participating in the Beach Rugby Festival® and/or sport events is potentially a risky activity; c) to sign up voluntarily and assume all risk arising from participation in the sporting event. The signatories of this, being aware of the above and considering the acceptance of their registration on their own behalf and on behalf of anyone else, they raise and release Raduni Sportivi srl, ASD Beach Volley Group, the promoters, the council, all sponsors of the event, the CEO of the companies mentioned above, from any kind of present and future claims or liability resulting from the participation in the event. The signatories grant as well their permission to all these entities to use photographs, tapes, videos, images, for any legitimate use without remuneration. The signatories of this, also agree to the processing of personal data for the sending of communications and/or advertising materials from the organizers and their potential partners and/or sponsors (the data will be handled in compliance with current laws privacy).

To request the sending of an invoice, please complete the following fields:

Surname or Company Name: _____ Tax Code: _____ VAT No. _____
 Street/Road: _____ House Number: _____ Post Code: _____ Town/City: _____ Province: _____ Country: _____

Team name (max. 25 characters): _____

Team/group manager: _____

Specify the category: 5vs5 M 5vs5 F

Athlete no. 1	Surname: _____	First name: _____	Tax Code: _____	Sex: _____
	Date of birth: / /	Place of birth: _____	Province of birth: _____	
	Street/Road: _____	House Number: _____	Post Code: _____	Town/City: _____
	Province: _____	Country: _____	email 1: _____	email 2: _____
	Mobile 1: _____	Mobile 2: _____	Tel. _____	Fax _____
	Asks the athlete the accident policy (see entry form)?: <input type="checkbox"/> No <input type="checkbox"/> Yes			
	Legible Signature: _____			
Athlete no. 2	Surname: _____	First name: _____	Tax Code: _____	Sex: _____
	Date of birth: / /	Place of birth: _____	Province of birth: _____	
	Street/Road: _____	House Number: _____	Post Code: _____	Town/City: _____
	Province: _____	Country: _____	email 1: _____	email 2: _____
	Mobile 1: _____	Mobile 2: _____	Tel. _____	Fax _____
	Asks the athlete the accident policy (see entry form)?: <input type="checkbox"/> No <input type="checkbox"/> Yes			
	Legible Signature: _____			
Athlete no. 3	Surname: _____	First name: _____	Tax Code: _____	Sex: _____
	Date of birth: / /	Place of birth: _____	Province of birth: _____	
	Street/Road: _____	House Number: _____	Post Code: _____	Town/City: _____
	Province: _____	Country: _____	email 1: _____	email 2: _____
	Mobile 1: _____	Mobile 2: _____	Tel. _____	Fax _____
	Asks the athlete the accident policy (see entry form)?: <input type="checkbox"/> No <input type="checkbox"/> Yes			
	Legible Signature: _____			
Athlete no. 4	Surname: _____	First name: _____	Tax Code: _____	Sex: _____
	Date of birth: / /	Place of birth: _____	Province of birth: _____	
	Street/Road: _____	House Number: _____	Post Code: _____	Town/City: _____
	Province: _____	Country: _____	email 1: _____	email 2: _____
	Mobile 1: _____	Mobile 2: _____	Tel. _____	Fax _____
	Asks the athlete the accident policy (see entry form)?: <input type="checkbox"/> No <input type="checkbox"/> Yes			
	Legible Signature: _____			
Athlete no. 5	Surname: _____	First name: _____	Tax Code: _____	Sex: _____
	Date of birth: / /	Place of birth: _____	Province of birth: _____	
	Street/Road: _____	House Number: _____	Post Code: _____	Town/City: _____
	Province: _____	Country: _____	email 1: _____	email 2: _____
	Mobile 1: _____	Mobile 2: _____	Tel. _____	Fax _____
	Asks the athlete the accident policy (see entry form)?: <input type="checkbox"/> No <input type="checkbox"/> Yes			
	Legible Signature: _____			
Athlete no. 6	Surname: _____	First name: _____	Tax Code: _____	Sex: _____
	Date of birth: / /	Place of birth: _____	Province of birth: _____	
	Street/Road: _____	House Number: _____	Post Code: _____	Town/City: _____
	Province: _____	Country: _____	email 1: _____	email 2: _____
	Mobile 1: _____	Mobile 2: _____	Tel. _____	Fax _____
	Asks the athlete the accident policy (see entry form)?: <input type="checkbox"/> No <input type="checkbox"/> Yes			
	Legible Signature: _____			
Athlete no. 7	Surname: _____	First name: _____	Tax Code: _____	Sex: _____
	Date of birth: / /	Place of birth: _____	Province of birth: _____	
	Street/Road: _____	House Number: _____	Post Code: _____	Town/City: _____
	Province: _____	Country: _____	email 1: _____	email 2: _____
	Mobile 1: _____	Mobile 2: _____	Tel. _____	Fax _____
	Asks the athlete the accident policy (see entry form)?: <input type="checkbox"/> No <input type="checkbox"/> Yes			
	Legible Signature: _____			