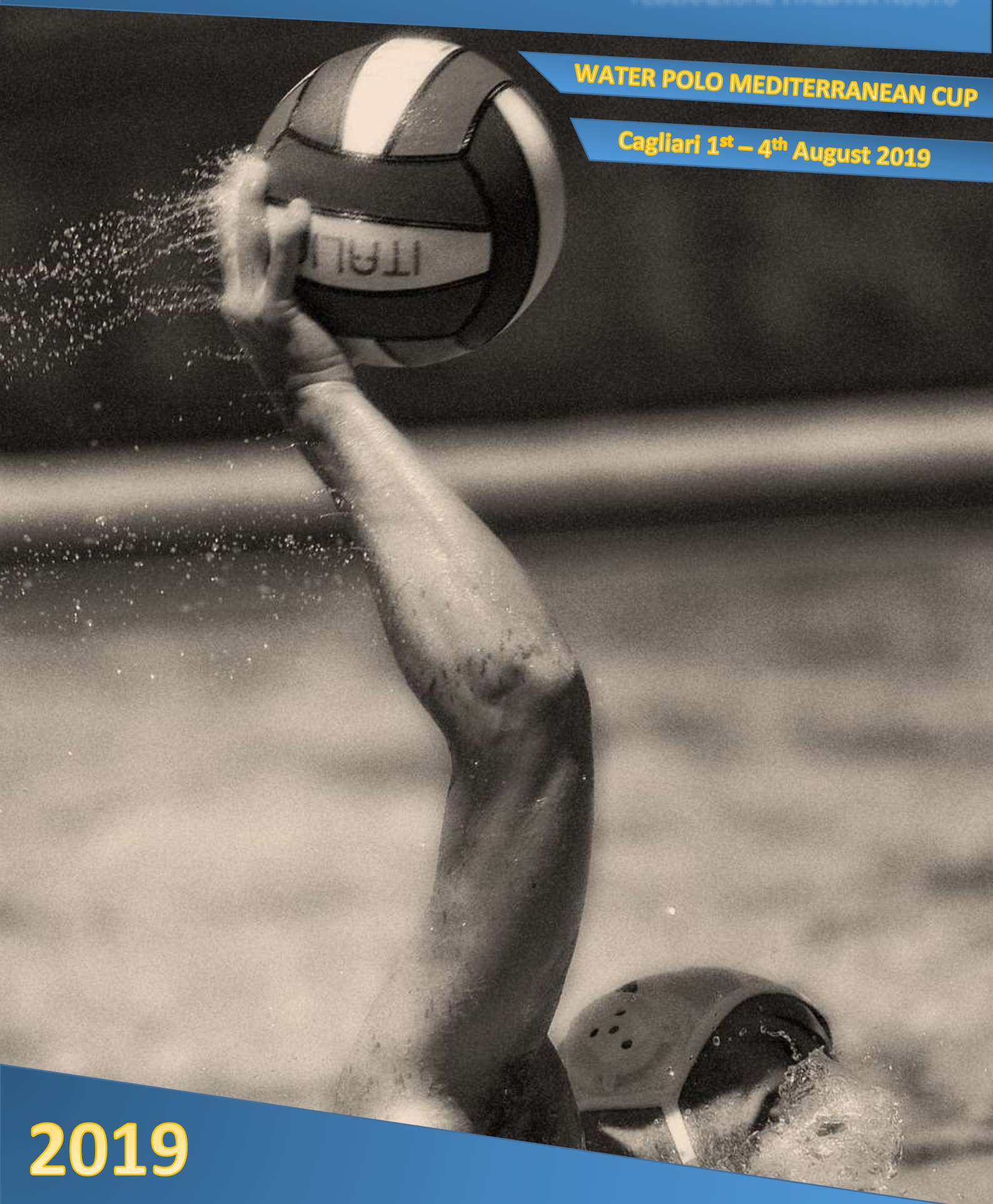




WATER POLO MEDITERRANEAN CUP

Cagliari 1st – 4th August 2019



2019

GENERAL INFORMATION

Organizer:

Italian Swimming Federation
 Stadio Olimpico / Curva Nord
 00135 - Roma (ITA)
 Tel. +39.36.200.457 - +39.36.200.406
 Fax +39.36.200.035
international@federnuoto.it



Co-organizer

Comitato Regionale FIN Sardegna
 Via dei Colombi 38
 09126 - Cagliari (ITA)
 Tel. +39.070.67.30.80
 Fax +39. 070.67.30.81
crsardegna@federnuoto.it



Dates:

August 1st – 4th, 2019

Participants:

Croatia - Greece - Hungary - Italy
 Malta - Montenegro - Serbia - Spain



Age Group:

Men born '02 and later

COMEN Bureau Delegate:

Mr. Nello RUSSO (ITA)

COMEN Technical Delegate:

Mr. Richard PAPA ZIAN (FRA)

Referees:

One referee with each Team

Venue:

Piscina Comunale "G. Sicbaldi"
 Via Roberto Pisano
 09134 - Cagliari Terramaini (ITA)



Pool:

Indoor Swimming Pool 50x21 mt.

How to reach Cagliari:

Official Airport Cagliari-Elmas "M. Mameli"

Trasportation:

All Teams shall bear their own of travel expenses.
 Organising Committee is responsible for the local trasportation upon arrival:
 Official Airport ⇔ Official Hotel 30 minutes by bus.
 Official Hotel ⇔ Official Pool 15 minutes by bus.

Accomodation:

Holiday Inn****
 Via Umberto Ticca
 09122 - Cagliari (ITA)



Accommodation Cost:

| | |
|-------------|--|
| Single room | € 110,00 (full board per person/per night) |
| Twin room | € 90,00 (full board per person/per night) |

In order to guarantee your accommodation booking please fill in the Accommodation Travel & Form and pay the 50% deposit by 7th June 2019 to the following Bank Account:

| | |
|----------------|--|
| IBAN: | IT16D0100503309000000000706 |
| BIC/Swift code | BNLITRRXXX |
| Account Older: | Federazione Italiana Nuoto |
| Bank: | Banca Nazionale del Lavoro - Sportello CONI - Roma |

Balance payment is due for July 30th, 2019

Please send us copy of the payment to international@federnuoto.it

Deadlines:

Entries, Accommodation & Travel Form and Named Entry Form are required for this tournament. All teams should forward entry lists in accordance with timetable as below to the Organizing Committee.

| | |
|--------------------------------|------------------------------|
| Preliminary Entries: | June 7 th , 2019 |
| Accommodation and Travel Form: | June 7 th , 2019 |
| (50% deposit payment) | |
| Named Entry Form: | July 15 th , 2019 |
| Balance payment | July 30 th , 2019 |

Games Schedule:

| Group A | | Group B | |
|------------|--|---------|--|
| Hungary | | Croatia | |
| Malta | | Greece | |
| Montenegro | | Italy | |
| Serbia | | Spain | |

| Thursday – 1 st August Preliminary Round | | | Friday – 2 nd August Preliminary Round | | | Friday – 2 nd August Preliminary Round | | |
|--|-------|-----------|--|-------|-----------|--|-------|-----------|
| 1 | 16:00 | MNE - HUN | 5 | 09:00 | SRB - MNE | 9 | 16:00 | MLT - MNE |
| 2 | 17:20 | MLT - SRB | 6 | 10:20 | HUN - MLT | 10 | 17:20 | SRB - HUN |
| 3 | 18:40 | ESP - CRO | 7 | 11:40 | GRE - ESP | 11 | 18:40 | CRO - GRE |
| 4 | 20:00 | ITA - GRE | 8 | 13:00 | CRO - ITA | 12 | 20:00 | ITA - ESP |

| Saturday – 3 rd August Quarter Finals | | | Saturday – 3 rd August Semi Finals | | | Sunday – 4 th August Finals | | | |
|---|-------|---------------------------------|--|-------|-----------|---|-------|-----------|--------------------------------------|
| 13 | 09:00 | 2 ^A - 3 ^B | 17 | 16:00 | L13 - L15 | 21 | 09:00 | L17 - L18 | 7 ^o /8 ^o place |
| 14 | 10:20 | 2 ^B - 3 ^A | 18 | 17:20 | L14 - L16 | 22 | 10:20 | W17 - W18 | 5 ^o /6 ^o place |
| 15 | 11:40 | 1 ^B - 4 ^A | 19 | 18:40 | W15 - W13 | 23 | 11:40 | L19 - L20 | 3 ^o /4 ^o place |
| 16 | 13:00 | 1 ^A - 4 ^B | 20 | 20:00 | W16 - W14 | 24 | 13:00 | W19 - W20 | 1 ^o /2 ^o place |

PRELIMINARY ENTRY FORM
Closing date for application: June 7th, 2019

Name of Federation

Code

Through this, we confirm the participation of our WATER POLO TEAM at the *2019 Water Polo Mediterranean Cup*.

Yes No

Through this, we confirm the need of VISA for entering in Italy for our Water Polo Team and officials.

Yes No

THIS FORM SHOULD BE SIGNED BY THE NF AND RETURNED TO OC BY JUNE 7th, 2019
EVEN IF YOUR FEDERATION WILL NOT ENTER THE EVENT

President or Secretary General

Federation Stamp

Date

Please complete and return this form **NO LATER THAN June 7th, 2019** to the Organizing Committee
by mail at international@federnuoto.it

ACCOMMODATION & TRAVEL FORM

Closing date for application: June 7th, 2019

| | |
|------------------------|-------|
| Name of Federation | |
| Address | |
| Name of contact person | Email |
| Phone | Fax |

Please specify the number of participants in the following each category

| Players | Officials | Total |
|---------|-----------|-------|
| | | |

Period of Stay:

| | | |
|---------------|----------------|----------------|
| Check-in Date | Check-out Date | No. of Nights: |
|---------------|----------------|----------------|

Number of Rooms Required:

| | | |
|---------------------------|-------------------------|-------------------------|
| Single Occupancy Room(s): | Twin Occupancy Room(s): | Single for the Referee: |
|---------------------------|-------------------------|-------------------------|

Arrival Flight

| | | |
|---------------|----------------------|-------------|
| Arrival Date: | Arrival Time (hh/mm) | Flight No.: |
|---------------|----------------------|-------------|

Departure Flight

| | | |
|----------------|------------------------|------------|
| Departure Date | Departure Time (hh/mm) | Flight No: |
|----------------|------------------------|------------|

Date

Signature & Stamp

*Please complete and return this form NO LATER THAN June 7th, 2019 to the Organizing Committee by mail at international@federnuoto.it
Please send also copy of the Bank Transfer*

NAMED ENTRY FORM
Closing date for application: July 15th, 2019

Name of Federation

LIST ALL PLAYERS, OFFICIALS AND COACHES

PLAYERS

| | Family Name | Given Name | Date of Birth | Passport No. |
|----|-------------|------------|---------------|--------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |

OFFICIALS

| Family Name | Given Name | Role (Coach, Doctor, etc.) | Gender |
|-------------|------------|----------------------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Referee with the team | |

Date

Signature & Stamp

Please complete and return this form NO LATER THAN July 15th, 2019 to the Organizing Committee by mail at international@federnuoto.it