



**«Città di Roma» TROPHY
MALE AND FEMALE
FOIL AND SABRE
10-11 February 2018**

**«Memorial Giulio Gaudini»
«Memorial Emanuele Fornario»
«Memorial Marta Russo»**

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Competition Schedule

February 10 th	8h00 – 8h30	Male Foil	Registration and fee payment
	09h00		Beginning of the match
	13h00 – 13h30	Female Sabre	Registration and fee payment
	14h00		Beginning of the match
February 11 th	8h30 – 9h00	Female Foil	Registration and fee payment
	9h30		Beginning of the match
	11h00 – 11h30	Male Sabre	Registration and fee payment
	12h00		Beginning of the match

Competition Venue

Centro Tecnico Federale FIB (Eur Torrino district)

Via Fiume Bianco (without street number)

00144 Roma

Competition Rules

Participation

We will guarantee 125 places to Italian fencers born before 31.12.2003 and to **all foreign fencers** (cat. Junior and Senior) enrolled to FIE affiliated member Federations.

Entry Fee

The entry fee of € 25 must be paid on arrival at the competition venue.

Registration

The registration of **foreign fencers** need to be registered with European Confederation of fencing website (www.eurofencing.info) **by 5th February 2018.**

Competitions formula

- 1st round in groups of 6/7 athletes, with ordering following FIE ranking and elimination of up to 30% of participants;
- Direct elimination without repechage.

Equipment

According to EFC/FIE Regulations.

Referees

Each delegation will provide the organizers of a number of referees as follows:

- 1 to 4 athletes: no referee
- 5 to 9 athletes: 1 referee
- 10 to 15 athletes: 2 referees
- 16 to 20 athletes: 3 referees

The failure to comply with the “referee share” will involve a fine of € 500,00 for each missing referee, to be paid by bank transfer to following current account:

Holder: Federazione Italiana Scherma
IBAN: IT98W0100503309000000010104
SWIT/BIC: BNLIITRR

Hotels

A) HOTEL MERCURE ROMA WEST

Via Eroi di Cefalonia 301 - Roma

Tel. 0650834715 – Fax. 0650834793

www.mercureromawest.com

email: groups@mercureromawest.com

73,00 euro single room

88,00 euro twin room

95,00 euro triple room

City Tax: not included

Booking: please use the attached document.

Transport

Leonard express (from and to Roma Termini Station/Fiumicino Airport)

A dedicated Fiumicino Airport/Termini Station train with not intermediated stop, departs every 30 minutes and, it takes about 30 minutes from Station to Airport and viceversa.

You can by Leonardo express ticket on the website www.trenitalia.com (you can travel by printing the pdf file of the ticket you receive on your own e-mail as a purchase confirmation), at railway ticket desks, at self services tellers, at the authorized travel agencies and, at the authorized stores.

Ticket bought (and printed) online are already validated and, therefor, their validity lasts for 90 minutes from the departure time of the selected train. For more details see www.trenitalia.com (from where the above information have been collected).

From Termini Station to EUR Torrino:

Hotel Mercure Roma West

Take metro B (Blu line) 'Laurentina' direction and get off at EUR Fermi, once out of the metro, take the bus n. 705 (Piermarini).

A shuttle free service is available from the metro station to the hotel for 7 pax maximum. The service must be booked at the hotel reception.

Centro Tecnico Federale

Take metro B (Blu line) 'Laurentina' direction and change at MAGLIANA STATION. Take trenino Roma-Ostia, (using the same ticket) 'Ostia' direction and get off at TOR DI VALLE STATION (just one stop). Once out you go straight towards the rotary (100mt), get Via Fiume Bianco and after 200mt you can find the Centro Tecnico Federale (opposite side of the Farmacia)

Organizing Committee

COL Trofeo Città di Roma

Dr Vincenzo De Bartolomeo + 39 3474855612

M.me Chiara De Bartolomeo + 39 3389175067

E-Mail: trofeocittadiroma@libero.it

FENCING EVENT, 10/11 February 2018

In order to confirm definitively the reservation (1 booking per form) please complete this form in all its parts and send it to the e-mail address groups@mercureromawest.com

ROOM BOOKING

Surname/Name: _____

Surname/Name: _____

Surname/Name: _____

Telephone Number: _____

Email: _____

Arrival Date _____ Departure Date _____ (Total nights: _____)

Single Room € 73,00 for room, for night

Double Room(double twin beds € 88,00 for room, for night

Triple Room(double+3rd bed twin beds+3rd bed € 95,00 for room, for night

The above prices are for room, for night and include VAT and American breakfast.

City tax: € 6,00 per person, per night (has to be paid at the checkout)

MEALS BOOKING

09 February 2018 Lunch N.person..... Dinner N.person.....

10 February 2018 Lunch N.person..... Dinner N.person.....

11 February 2018 Lunch N.person..... Dinner N.person.....

(The meal provide a 3 courses menu inclusive of mineral water for € 26,00 per person, for service)

The booking have to be sent within the 27th of December 2017, after this deadline each booking will be accepted according to the availability.

PAYMENT OPTION: Early payment of the total before the 26th of January 2018.

CREDIT CARD

BANK TRANSFER

CANCELLATION POLICY:

Cancellation without penalty: until 26th of January 2018

In case of cancellation after the 27th of January or in case of no show the total amount of the stay will be charged.

DATA _____

PAGAMENTO TRAMITE TERZI CON CARTA DI CREDITO
THIRD PARTY CREDIT CARD PAYMENT FORM

NOME

GUEST NAME: _____

DATA DI ARRIVO:

ARRIVAL DATE: _____

DATA DI PARTENZA

DEPARTURE DATE: _____

CONTI A CARICO
CHARGE COVERED:

Camera/Colazione
Room/Breakfast

Tutte le spese
Full Credit

ALTRE SPESE

OTHERS/MISC.: _____

N. CARTA DI CREDITO

CREDIT CARD NUMBER: _____

SCAD.

EXP. _____

Amex

Visa/Mc

Diners

Other

TITOLARE CARTA DI CREDITO

CARDHOLDERS NAME: _____

INDIRIZZO/TELEFONO DEL TITOLARE

CARDHOLDERS ADDRESS/TELEPHONE: _____

NOTE

REMARKS: _____

Con la presente autorizzo la Direzione del Mercure Roma West Hotel ad addebitare automaticamente sulla carta di credito sopra indicata eventuali pagamenti insoluti o penali per mancato arrivo.

I hereby authorize the Management of the Mercure Roma West Hotel to charge automatically on my mentioned credit card the services above specified and fees for late cancellations or no shows.

FIRMA DEL TITOLARE

CARDHOLDERS SIGNATURE: _____

DATA

DATE: _____

Allego copia fronte/retro della carta di credito
Herewith credit card copy(both sides)