



"Trofeo Thermæ Abano Montegrotto"
MEN SABRE EUROPE CUP

1. Competition Schedule

January 31st	All day	Arrival of participants	
February 1st	8h30 – 9h00	Men Sabre Team	Confirmation and fee payment
	09h30		Beginning of the match
	14h00		Finale 1 st place
	15h30		Departures of all participants

2. Competition Venue

Kioene Arena – Via San Marco 53 località San Lazzaro - Padova.

3. Competition Rules

3.1. Fee

Upon confirmation of enrollment each participant team must pay a fee of €100.

3.2. Registration

The preliminary registration of each team has to be completed by **2016 January, 21st via mail at info@trofeoluxardo.it** (annex 1).

The final entries must be done by **2016 January, 27th via mail at info@trofeoluxardo.it** (annex 2).

3.3. Competition formula

The formula will be define according at the EFC rules.

3.4. Equipment

According to FIE Regulations.

3.5. Referees

Each team must provide a referee, otherwise a fee of 300€ will be applied.

4. Hotels

Accommodation costs about the athletes teams' members, one coach and a referee for one night (January, 31st or February, 1st) will be paid by the LOC.

The official hotel will be defined as soon as possible.

Any cost before/after the foreseen arrival/departure date will be in charge of the participants.

5. Transportation

- 31st of January, from competition venue to the Official Hotel;
- 1st of February in the morning, from the official hotel to the competition venue;

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- 1st of February in the afternoon, from competition venue to Venice Int. Airport or Padua Train Station;

6. Organization Committee

Comitato Organizzatore « Trofeo Luxardo »
c/o Petrarca Scherma Padova
Via G. Comini 4, PADOVA
Phone/fax +39 049680242
E-mail info@trofeoluxardo.it

PRELIMINARY ENTRYTo be returned before **21 JANUARY 2016:**

Comitato Organizzatore "Trofeo Luxardo"

c/o Petrarca Scherma Padova

Via G. Comini 4, PADOVA

Phone / Fax +39 0498808302

Mail: info@trofeoluxardo.it

NATION :

CLUB'S NAME :

TOTAL NUMBER OF PARTICIPANTS: _____

	Coach	Athletes	Referees	Officials	Total
Number					

YOUR CONTACT DETAILS:

Name	
Phone	
Fax	
E-Mail	

DATE: _____

SIGNATURE

FINAL ENTRY

To be returned before **27 JANUARY 2016**:

Comitato Organizzatore "Trofeo Luxardo"

c/o Petrarca Scherma Padova

Via G. Comini 4, PADOVA

Phone / Fax +39 0498808302

Mail: info@trofeoluxardo.it

NATION :

CLUB'S NAME :

FUNCTION	NAME AND SURNAME
COACH	
ATHLETES	
REFEREE	
OTHERS	

	PLACE (Airport/ Train Station)	DATE	FLIGHT Nr. / TRAIN Nr.	TIME
DEPARTURE (at the end of the				

competition)				
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DATE: _____ :