



TABOR HALL / MARIBOR / SLOVENIA
15th - 22nd of NOVEMBER 2014



Media partners

VEČER

APPLICATION FORMS

APPENDIX 1

**PROVISIONAL ENTRY FORM
WAKO EUROPEAN CHAMPIONSHIPS 2014 MARIBOR SLOVENIA**

Name of Association:			
Address:			
Country:			
Telephone No:		Fax No:	
E-Mail:			

The above named association intends to enter a National Team in the Wako European Championships – Maribor - Slovenia in semi contact, full contact, Kick Light and musical forms, consisting provisionally of the team numbers showed below.

Provisional Team Number

Athletes	Coaches	Officials	Others	Total

Provisional Athletes Entries

Style	Men	Women
Light contact		
Kick Light		
Point Fighting		
Musical Forms		

Once completed please return this form to:

“KBV KETER HWARANG”

Tavčarjeva 8, SI-2000 Maribor, Slovenia

Tel.: +386/2- 320-05-55

Mobile: +386/41-679 105

Fax: +386/3- 425 79 12

e-mail: info.kickboxingmaribor2014@gmail.com

Url: <http://www.kickboxing-maribor2014.eu>

APPENDIX 2

Final entry form European Championships in Maribor Slovenia 2014
(Last day for final entry 15th October 2014)

Name of Association:			
Address:			
Country:			
Telephone No:		Fax No:	
Mobile phone:		E-mail:	

Chief Delegation	Officials	Referees
Coaches		
	Journalists	Others

Application Filled

Appendix	Yes	No	Total of Athletes
Appendix 1			
Appendix 2			
Appendix 3			
Appendix 4			
Appendix 5			
Appendix 6			

The above named association will be entering a National Team in the WAKO European Kickboxing Championships consisting of the following team.

Team composition

Athletes		Coaches		Managers		Others		Grand Total
Male	Female	Male	Female	Male	Female	Male	Female	

Notes: Enter the total numbers in each box.

Signed:		Stamp:		Name:	
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APPENDIX 3

HEAD OF DELEGATION RESPONSIBILITY FORM

The hosts of the **2014 MARIBOR SLOVENIA WAKO EUROPEAN CHAMPIONSHIPS** greatly appreciate your interest, presence and co-operation in making this Event a successful and meaningful experience for all participants involved. The average participant in this Event is well mannered, well disciplined and very co-operative. Our greatest concerns are for the safety of the participants, and that at the completion of these Championships there will have been no incidents, which would reflect poorly on any individuals, teams, or organizations. We ask for your co-operation and responsibility toward these ends.

STATEMENT OF RESPONSIBILITY

I recognize my responsibility for the entire behavior of the athletes of my team throughout their participation in the **2014 MARIBOR SLOVENIA WAKO EUROPEAN CHAMPIONSHIPS**. These responsibilities begin at the time of their first arrival and conclude after their final departure from the Tournament, Tournament Site or other Site which might be related to their participation in this Event. This includes complete supervision while athletes are in their respective competition for the purpose of these Championships. I also recognize that discipline problems arise in the late evening after the conclusion of the competition, in the form of not **obeying the quiet hours between 11:00 pm and 5:30 am**, and especially on the last night of competition. I also recognize that the host committee, the Tournament Director, and the Staff at each competitive site will be available to help control discipline problems and make the Tournament enjoyable for all.

USE OF ALCOHOL AND DRUGS BY COMPETITORS IS PROHIBITED

State laws prohibit the use of alcohol by minors (under 18 years of age) and the possession or use of drugs. These laws will be strictly enforced by, team chaperon, and tournament officials. Any athlete found in violation of these laws may be subject to prosecution by law enforcement officers and they and their team mates will be immediately expelled from the Championship. The Head of Delegation assume responsibility for monitoring player conduct to ensure that drinking and drug use laws are upheld.

DAMAGE TO PLAYING SITES

Should damage occur at any site by a player, coach, chaperon, or even a competitor's parent the team responsible will be charged for the damages and the participant from this team will not be admitted to any Wako Championships. If the responsible individual/team cannot be determined then all teams participating at the site during the occurrence will be sanctioned from future Wako Championships. We feel it is the responsibility of all teams, competitors, coaches, and families to ensure that the site is free of any problems and damages. In addition the area of the arena your team occupies is to be free of trash when you leave your site.

It is also requirement of all competition sites that **ONLY WATER, IN PLASTIC CONTAINERS** will be permitted inside the sport-hall. **Violators will cause their team to be immediately disqualified and dismissed from the Championships.**

ARENA CONDUCT

ATHLETES WILL ABIDE BY WAKO RULES REGARDING ARENA CONDUCT. At all times coaches, team, opponents, and officials will be treated with the utmost respect. Coaches must also assume full responsibility for enforcing arena conduct rules. Teams that fail to abide by these rules are subject to disciplinary action (e.g., DISMISSAL FROM THE EVENT).

COACH and OFFICIALS ENDORSEMENT

I certify that I have read the Code of Conduct and have carefully reviewed it with my team members

PLEASE PRINT

COUNTRY					
NAME AND SURNAME					
ADDRESS					
CITY/STATE/CODE					
PHONE ()		AGE		DATE OF BIRTH	
SIGNATURE					

**2014 MARIBOR SLOVENIA WAKO EUROPEAN CHAMPIONSHIPS
CODE OF GENERAL CONDUCT**

All participants in the Championship, athletes, coaches, chaperons and relatives are expected to abide by the above code of conduct.

Note: It is responsibility of every coach to review with their teams this Code of Conduct Individual and team violators of any provisions of this Code may be excluded from future participation in WAKO events. (The Tournament Director and Tournament committee will administer such disciplinary action).

APPENDIX 4 – APPLICATION FORM FOR VISA REQUEST
(to be sent by 15th October 2014)

Federation / Club / Individual	
Address:	
Name of legal representative:	
Nationality:	
Phone:	
Fax:	
E-mail:	

List of persons who this letter of guarantee includes for the same visit							
	Name & Surname	Passport No	Date of expire	Date of birth	Sex	Status	Nationality
1							
2							
3							
4							
5							
6							
7							
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11							
12							
13							
14							
15							
16							
17							
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20							

APPENDIX 5 - HOTEL & TRANSFER RESERVATION FORM

Please return before 15th October 2014		Please send this form by e-mail to: bookingkbmb2014@gmail.com Or by fax +386 3 425 79 12						
Federation / Club / Individual								
Address:								
Phone:								
Fax:								
E-mail:								
Tick HOTEL STARS	Room type	Arrival date	Departure date	Number Rooms	Number Persons	Num. Nights	Price per night	Total amount
	Single							
	Double							
	Triple							
TRANSFER INFORMATION								
Transfer	YES	NO	Number(x)		Total Persons:			
FROM				BACK TO				
ACCOMMODATION AMOUNT								
TRANSFER AMOUNT								
TOTAL AMOUNT								

This reservation only becomes valid if the Organizing Committee sends you a confirmation of your booking!

Please return this form **by 15th October** to:

Fax: + 386 3 425 79 12

E-mail: bookingkbmb2014@gmail.com

- *Prices are available for the period 15 – 23.11.2014*
- *Double room = one room with one queen bed (double occupancy)*
- *Double room = one room with 2 separate beds*

Date		Signature / stamp	
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APPENDIX 6 - TRAVEL SCHEDULE

Federation / Club / Individual	
Address:	
Phone:	
Fax:	
E-mail:	

Please return before 15th October 2014	Please send this form by e-mail to info.kickboxingmaribor2014@gmail.com or by fax +386/3- 425 79 12
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ARRIVAL					
	DATE	TIME	FLIGHT NUMBER	PLACE	NUMBER OF PERSONS
LJUBLJANA AIRPORT					
GRAZ AIRPORT					
VIENNA AIRPORT					
TRIESTE AIRPORT					
VENICE AIRPORT					
ZAGREB AIRPORT					

DEPARTURE					
	DATE	TIME	FLIGHT NUMBER	PLACE	NUMBER OF PERSONS
LJUBLJANA AIRPORT					
GRAZ AIRPORT					
VIENNA AIRPORT					
TRIESTE AIRPORT					
VENICE AIRPORT					
ZAGREB AIRPORT					

Date		Signature	
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