

APPLICATION FORM 2 B

IBU JUNIOR CUPS

Please do not forget to have the form signed by the Secretary General or President of your federation.

The signed form needs to be returned until

01.03.2015

to: arne.eidam@ibu.at, Fax: +43 - 662 - 8 55 05 08

IBU JUNIOR CUP BIATHLON

Legal basis is Art. 18 ECR

2015/2016 2016/2017

THE NATIONAL FEDERATION OF

VENUE

CONTACT INFORMATION

APPLIES FOR ORGANISING THE FOLLOWING EVENT

Please mark either „possible“ or „not possible“ for ALL the dates listed below.

SEASON		
2015 / 2016		
Event	Week/Date	
Junior IBU Cup 1 (SP, SP)	12. – 13. December 2015	<input type="checkbox"/> possible <input type="checkbox"/> not possible
Junior IBU Cup 2 (IN, SP)	18. – 19. December 2015	<input type="checkbox"/> possible <input type="checkbox"/> not possible
Junior IBU Cup 3 (SP, SP or IN, SP) Option 1	09. – 10. January 2016	<input type="checkbox"/> possible <input type="checkbox"/> not possible
Junior IBU Cup 3 (SP, SP or IN, SP) Option 2	16. – 17. January 2016	<input type="checkbox"/> possible <input type="checkbox"/> not possible
Junior IBU Cup 4 + JOECH (IN, SP, PU)	11. – 13. March 2016	<input type="checkbox"/> possible <input type="checkbox"/> not possible

SEASON		
2016 / 2017		
Event	Week/Date	
Junior IBU Cup 1 (SP, SP)	16. – 17. Decemer 2016	<input type="checkbox"/> possible <input type="checkbox"/> not possible
Junior IBU Cup 2 (IN, SP)	14. – 15. January 2017	<input type="checkbox"/> possible <input type="checkbox"/> not possible
Junior IBU Cup 3 (IN, SP or SP, SP)	20. – 21. January 2017	<input type="checkbox"/> possible <input type="checkbox"/> not possible
Junior IBU Cup 4 + JOECH (IN, SP, PU)	17. – 19. March 2017	<input type="checkbox"/> possible <input type="checkbox"/> not possible

Note: the mentioned dates are subject to change!

18.3 COMPETITORS AND ENTRY Each IBU member federation may register and enter five (5) female and five (5) male athletes. The host nation may enter an additional 5 male and 5 female athletes.

A. GENERAL INFORMATION

1. Valid (preferred by IBU, but not required)	until
<input type="checkbox"/> A-License <input type="checkbox"/> B-License <input type="checkbox"/> No License	<input type="text"/>

B. SPORT TECHNICAL REQUIREMENTS Provision/Preparation of

1. Waxing Cabins <input type="checkbox"/> yes <input type="checkbox"/> no	2. Changing Room <input type="checkbox"/> yes <input type="checkbox"/> no
3. Shooting Range (Number of targets)	4. Type of targets

D. MEDICAL AND ANTI-DOPING REQUIREMENTS Provision/Preparation of

1. Ambulance <input type="checkbox"/> yes <input type="checkbox"/> no	2. Doctor's room with two separate toilets and waiting room <input type="checkbox"/> yes <input type="checkbox"/> no
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E. LOGISTICAL REQUIREMENTS Provision/Preparation of (near stadium - hotel ect.)

1. Accommodation for teams <input type="checkbox"/> yes <input type="checkbox"/> no		
2. Team Hospitality <input type="checkbox"/> yes <input type="checkbox"/> no		
3. Transport system		
Arrival options		
a. Airport	b. Train	c. Car/Bus
Transport options		
a. Arrival - Hotel <input type="checkbox"/> yes <input type="checkbox"/> no	b. Hotel- Venue <input type="checkbox"/> yes <input type="checkbox"/> no	
d. Remarks		
4. Parking capacity for total number of cars:		
5. Visa regulations. Countries that need visa		
6. Border / Customs regulations		
a. Rifles	b. Ammunition	c. Medicine
d. Nutrition	e. Radios	

The signer herewith confirms that the executing Organizing Committee will fulfill the demands mentioned above.

Date _____ NF Stamp _____ Signature of Secretary General / President _____ Name of signer _____

! Must be sent by 01.03.2015

to arne.eidam@ibu.at or by fax to +43 662 85 50 50 8