

Mizuno Snow Volley Marathon® 2019

Moena, Val di Fassa (Trento - Italy)

February, 8th/9th /10th

Participation Form - Reservation request for package / tourist service

This form, totally filled in, have to be sent by email to svm@radunisportivi.it or by fax to 0039 041.595.14.82 together with

Athlete's form and the receipt of payment (bank transfer)

Info: 0039 041.595.06.12 – 0039 320.90.18.899 - 0039 338.27.12.384 – svm@radunisportivi.it

By sending this form participants accept the general rules and regulations of this event

> 2x2 M/F

Specify the game formula and the athletes' last names

2x2 M 2x2 F (surnames): _____ / _____ / _____

2x2 M 2x2 F (surnames): _____ / _____ / _____

2x2 M 2x2 F (surnames): _____ / _____ / _____

2x2 M 2x2 F (surnames): _____ / _____ / _____

2x2 M 2x2 F (surnames): _____ / _____ / _____

> 3x3 M/F & 4x4 Mixed

Specify the game formula, the team's name and the number of athletes

3x3 M 3x3 F 4x4 Mixed - Team's name (max 25 characters): _____ athletes n.: _____

3x3 M 3x3 F 4x4 Mixed - Team's name (max 25 characters): _____ athletes n.: _____

3x3 M 3x3 F 4x4 Mixed - Team's name (max 25 characters): _____ athletes n.: _____

3x3 M 3x3 F 4x4 Mixed - Team's name (max 25 characters): _____ athletes n.: _____

> **Management of concurrences.** If an athlete is registered in more than a team in a different category, please specify here the names of the teams (and the categories):

> **Contract Manager's data** (legible): last name _____ first name _____ born in _____ on: ____/____/____

Street/Road _____ no. ____ Post Code: _____ Town/City: _____ (____) Country: _____

phone: _____ email (legible): _____

Enrollment. Registration must be completed no later than the second deadline: Thursday the 24th of January. Registration requires sending an e-mail to svm@radunisportivi.it and filling out the participation form (pdf format). The participation form can alternatively be sent by fax to 041.595.14.82. In the case of payment by bank transfer, the participation form must be sent together with the payment receipt where the total amount for the team/s' registration fees, the insurance policy and/or any other additional services must be specified. In the "reason for payment" section, the SVM and team name must be indicated. If the payment is done by credit card, sending only the registration form is necessary. Any request for plane/train/ferry tickets and/or bus transfers must be paid fully in advance (100%) where, in the "reason for payment" section, the Transfer Snow Volley Marathon and the team name must be indicated. To facilitate administrative procedures, you are kindly requested not to allow more than three working days to elapse between the value date of the payment and the sending of the documentation. The **balance** for individual athletes fees and other services will be paid in cash at check-in (payment by check, credit or debit card will not be accepted). A €25 late fee will be added to the team fee if they are completed and sent after the first deadline: January 17th. **Enrollment confirmation** will be communicated by e-mail to the contract manager within ten working days immediately following receipt of the participation form; if enrollment confirmation is not received after ten working days from the time of sending, the person in charge of the contract is asked to contact the organizing secretary. For **withdrawals** before the departure date, the penalty amount as indicated in art. 7 of the "General terms and conditions of sale of a tourist package" will be charged.

Tick the payment type:

Bank transfer. The copy of the payment receipt must be sent (by fax or email) together with the participation form. The bank transfer must be made to Raduni Sportivi Srl. (via Milano, 2/b – 30020 Marcon – Ve) on the current account n. 1313 of Banco Popolare – Venice Branch, San Leonardo, 1906 (IBAN: IT61 L 05034 02013 000000001313 – SWIFT: BAPPIT21603) where, in the "reason for payment" section, Mizuno Snow Volley Marathon (or SVM) and team/s name/s must be indicated.

Credit card* (Visa and Mastercard – you have to ask by email to the organizing secretary the link for the payment. The organizing secretary will send the link within three days)

*For each credit card's transaction, a commission will be applied.

Team registration fee 2x2 M/F: € 50; € 30 if all the athletes of the team arrange their accommodation with us.

Team registration fee 3x3 M/F: € 60; € 40 if all the athletes of the team arrange their accommodation with us.

Team registration fee 4x4 Mixed: € 80; € 50; if all the athletes of the team arrange their accommodation with us.

Extra-charges. A € 25 late fee will be added to the team fee if they are completed and sent after the first deadline: January 17th.

> **Athlete registration fee:** € 20/athlete; **specify the number, although not definitive. n.** _____

> **Insurance for injuries:** Athletes without a personal insurance policy can pay a supplement of **10 euro/athlete**: this amount will give insurance coverage for accident risk during participation in tournament rounds. The names of athletes who request the insurance must be indicated on the "athletes form". The policy is nominal, non-refundable and non-transferable. All the information about the insurance policy can be downloaded in the section: "Useful documents" at www.snowvolleymarathon.com

• **Specify the number of athletes for which you require the insurance policy:** _____ athletes

Mizuno Snow Volley Marathon® 2019

Accommodation Entry

Hotel accommodation.

Various affiliated accommodation options in local hotels will be suggested by the promoter. Please check on www.snowvolleymarathon.com. The booking needs to be formalized directly with the accommodation facility. Obtaining the confirmation of the reservation and specifying here below the accommodation of your choice, in addition to the discount on the team quota, it will be possible to take advantage of the following discounts:

- a **15%** discount on the purchase of **Alpe Lusia San Pellegrino Skipasses**
- a **20%** discount on **ski rentals**
- a **20%** discount on the **Ski School**
- a **50%** discount on **Moena Outdoor winter activities** (snowshoeing, walking, free rides and fat bikes with our professional guides) available at www.visitmoena.it/it/inverno/moena-outdoor/40-0.html
- a **40%** discount on the entrance fee to the **Gran Vera Exhibition** - The Great War of the Dolomites.

Please specify the Hotel name : _____ and the reservation: total number of people _____

- Please specify the total number of people per night: Tue____ / Wed____ / Thu____ / Fri____ / Sat____ / Sun____ / Mon____
- Please specify the total number of rooms requested according to type: single____ / twin____ / double____ / triple____ / 4-bed room____
- Please specify the number of children 0/2 years old per night: Tue____ / Wed____ / Thu____ / Fri____ / Sat____ / Sun____ / Mon____
- Please specify the number of children 2/6 years old per night: Tue____ / Wed____ / Thu____ / Fri____ / Sat____ / Sun____ / Mon____

By sending this form the participants accept the general rules and the Terms for sale of four packages (downloadable at www.snowvolleymarathon.com)

Forwarded payment:	euro: _____	date: _____	by <input type="checkbox"/> Bank transfer	by <input type="checkbox"/> Credit
Forwarded payment:	euro: _____	date: _____	by <input type="checkbox"/> Bank transfer	by <input type="checkbox"/> Credit
Forwarded payment:	euro: _____	date: _____	by <input type="checkbox"/> Bank transfer	by <input type="checkbox"/> Credit
Forwarded payment:	euro: _____	date: _____	by <input type="checkbox"/> Bank transfer	by <input type="checkbox"/> Credit

Date _____

Signature of the team's manager _____

MIZUNO SNOW VOLLEY MARATHON® - ATHLETES REGISTRATION FORM

This form, printed and signed by all the athletes making up the team, must be delivered during check-in together with the medical certificates. Any changes to the athletes list will be allowed during check-in. Any change of names can only concern an athlete for the 2x2 M / F match categories and up to a maximum of two athletes for the 3x3 M / F and 4x4 Mixed match categories. For young athletes, the signature of a parent/guardian who consents to the minor's participation as an athlete is required. In addition, a copy of the parent's/guardian's ID must be delivered with this release form. The participants declare that they know and respect the rules and regulations of the event and the general conditions of sale of the tourist package, which can be consulted and downloaded from the company website. In the case of minors, the minor's parent/guardian consents to the minor's participation in the event. The participants absolve and free the Organizing Committee, the Promoters, the Municipal Administration, all the Sponsors, the representatives of the above-mentioned subjects, from all present and future claims or responsibilities of any kind arising from participation in the event.

Participants (and, in the case of minors - their parents/guardians) accept that Raduni Sportivi srl or parties appointed by this person may take pictures and shoot videos during the event and therefore, such recorded material may be publicly released later. This material will be used in the publication on websites, social networks, magazines, TV, brochures or through the insertion in documents intended for dissemination by the same company for any legitimate use without remuneration. Personal information, collected through manual, computerized and telematic tools, with management logic strictly related to company purposes will be treated in compliance with the general principles established by art. 11 of the Privacy Code and articles 5 and 6 of the GDPR, according to correctness, accuracy, completeness and congruity with respect to the purposes of the company Raduni Sportivi srl.

- Participants may withdraw their consent at any time by contacting the " Titolare dei Dati " (Data/information Checker) Enzo Chinellato by e-mail (direzione@sportfelix.it). The participants, aware of their privacy rights, give their consent to the processing of personal information necessary for the pursuit of the institutional purposes of the company Raduni Sportivi srl, as indicated in the "Privacy Notice" available at the company website. **Note:** consent is required for participation in the event..

I accept I don't accept

- The participants, aware of their privacy rights, give their consent to the company Raduni Sportivi srl for the sending of communications and advertising material relating to initiatives promoted by the company itself. **Note:** consent is not mandatory for the purpose of participating in the event.

I accept I don't accept

To request the sending of an invoice, please complete the following fields:

Surname or Company Name:

Tax Code:

VAT No.

Street/Road:

House Number:

Post Code:

Town/City:

Province:

Country:

Team name (max. 25 characters):**Team/group manager:****Specify the category:** 2x2 M 2x2 F 3x3 M 3x3 F 4x4 MIXED

Athlete no.1	Surname:	First name:	Tax Code:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
	Date of birth: ____/____/____	Place of birth:	Country:		
	E-mail :	Mobile :			
	The athlete also plays in another team? <input type="checkbox"/> NO <input type="checkbox"/> YES, specify the name of the team and the category: _____				
	The athlete requires the accident policy (see participation form)? <input type="checkbox"/> NO <input type="checkbox"/> YES, specify the address' details below ↓				
	Country:	Town/city:	Postcode:	Street/road:	House number:
	Legible Signature: _____				

Athlete no.2	Surname:	First name:	Tax Code:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
	Date of birth: ____/____/____	Place of birth:	Country:		
	E-mail :	Mobile :			
	The athlete also plays in another team? <input type="checkbox"/> NO <input type="checkbox"/> YES, specify the name of the team and the category: _____				
	The athlete requires the accident policy (see participation form)? <input type="checkbox"/> NO <input type="checkbox"/> YES, specify the address' details below ↓				
	Country:	Town/city:	Postcode:	Street/road:	House number:
	Legible Signature: _____				

Athlete no.3	Surname:	First name:	Tax Code:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
	Date of birth: ____/____/____	Place of birth:	Country:		
	E-mail :	Mobile :			
	The athlete also plays in another team? <input type="checkbox"/> NO <input type="checkbox"/> YES, specify the name of the team and the category: _____				
	The athlete requires the accident policy (see participation form)? <input type="checkbox"/> NO <input type="checkbox"/> YES, specify the address' details below ↓				
	Country:	Town/city:	Postcode:	Street/road:	House number:
	Legible Signature: _____				

Athlete no.4	Surname:	First name:	Tax Code:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
	Date of birth: ____/____/____	Place of birth:	Country:		
	E-mail :	Mobile :			
	The athlete also plays in another team? <input type="checkbox"/> NO <input type="checkbox"/> YES, specify the name of the team and the category: _____				
	The athlete requires the accident policy (see participation form)? <input type="checkbox"/> NO <input type="checkbox"/> YES, specify the address' details below ↓				
	Country:	Town/city:	Postcode:	Street/road:	House number:
	Legible Signature: _____				

Athlete no.5	Surname:	First name:	Tax Code:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
	Date of birth: ____/____/____	Place of birth:	Country:		
	E-mail :	Mobile :			
	The athlete also plays in another team? <input type="checkbox"/> NO <input type="checkbox"/> YES, specify the name of the team and the category: _____				
	The athlete requires the accident policy (see participation form)? <input type="checkbox"/> NO <input type="checkbox"/> YES, specify the address' details below ↓				
	Country:	Town/city:	Postcode:	Street/road:	House number:
	Legible Signature: _____				

Athlete no.6	Surname:	First name:	Tax Code:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
	Date of birth: ____/____/____	Place of birth:	Country:		
	E-mail :	Mobile :			
	The athlete also plays in another team? <input type="checkbox"/> NO <input type="checkbox"/> YES, specify the name of the team and the category: _____				
	The athlete requires the accident policy (see participation form)? <input type="checkbox"/> NO <input type="checkbox"/> YES, specify the address' details below ↓				
	Country:	Town/city:	Postcode:	Street/road:	House number:
	Legible Signature: _____				