





**To: All Affiliated Mediterranean Fencing Federations** 

The Egyptian Fencing Federation has the pleasure to invite you to participate in the upcoming 15<sup>th</sup>Mediterranean Championship which will be held in Cairo from 16<sup>th</sup> Feb. – 18<sup>th</sup> Feb.2018.

| Venue                        | Indoor Halls' Com  | Indoor Halls' Complex . Cairo Stadium, Nasr city, Cairo   |             |             |  |  |  |
|------------------------------|--|---|-------------|-------------|--|--|--|
| Entries                      |  | Entries are to be received only on the FIE website for cadet & junior . for U14 the entries should be sent to the organization committee before 7 days of the competition start . |             |             |  |  |  |
| Entry Fees                   |  | 15 Euro per fencer in each competition . 45 Euro per team in each competition .   |             |             |  |  |  |
| Organizer                    | Egyptian Fencing Federation El estad el bahary St., nasr city, Cairo, Egypt International competitions committee Tel: +(202) 22636195, Fax: +(202) 24028595 Email: cairo me@hotmail.com  |   |             |             |  |  |  |
| Formula                      | As per COMES rules   | s <b>.</b>  |             |             |  |  |  |
| Referees                     | According to the COMES rules (VIII) " each country should bring one referee for each 3 fencers at the expense of national federations."  |   |             |             |  |  |  |
| Flags& National<br>Anthem    | Each country should bring its national anthem on C.D as well as four flags Size ( $80 \times 120$ )  |   |             |             |  |  |  |
|                              | Hotel  | Single<br>room  | Double room | Information |  |  |  |
| Accommodation                | Tolip Hotel (*****)  80euros  100euros  Accommodation Price include all taxes and the following: -breakfast - Transportation from airport to hotel and vice versa – transportation from the hotel to venue and vice versa. For accommodation please contact directly. cairo me@hotmail.com |   |             |             |  |  |  |
| Terms &conditions of payment | Payment for the accommodation in $\underline{\text{cash only (Euro or USD )}}$ no other form of payment will be accepted .   |   |             |             |  |  |  |
| Transportation               |  | - For those who will arrange with the organizers for the accommodation . Please send your arrival and departure details form. (attached)  |             |             |  |  |  |
| Visa                         | Countries that need official invitation for visa procedures must send the visa form no later than 30 January 2018 to <a href="mailto:cairo_me@hotmail.com">cairo_me@hotmail.com</a>  |   |             |             |  |  |  |

# **Competition Schedule**

| Program           | Date                                  | Time               | Event  |
|-------------------|---------------------------------------|--------------------|--|
|                   | Thursday , Feb 15 <sup>th</sup> ,2018 | 10:00 – 19:00      | weapons control at hotel                             |
|                   |                                       | 17:00<br>19:00     | DT meeting at hotel Chef delegation meeting at hotel |
|                   | Individual Con                        | mpetitions         |  |
|                   | Friday , Feb 16 <sup>th</sup> ,2018   | 08:00<br>09:00     | Weapon control at venue Individual events U17        |
| Individual Events |                                       | 18:00<br>18:30     | Opening ceremony<br>Final                            |
|                   | Saturday, Feb 17 <sup>th</sup> ,2018  | 08:00<br>09:00     | Weapon control at venue<br>Individual events U20     |
|                   | Team Comp                             | 18:30<br>petitions | Final  |
|                   |                                       | 08:00              | Weapon control at venue                              |
| Team Events       | Sunday, Feb 18 <sup>th</sup> , 2018   | 09:00<br>10:00     | team Individual events U14                           |
|                   |                                       | 16:30<br>18:00     | Final team<br>Final U14                              |

The Egyptian Fencing Federation will organize International Training Camp in 3 weapons with the national Egyptian team& other national federations from 1<sup>st</sup> February 2018 till 15<sup>th</sup> February 2018.

If you are interesting in attending this camp.

Please, contact us to send to you the Camp Details: <a href="mailto:cairo\_me@hotmail.com">cairo\_me@hotmail.com</a>







### **Entry Form**

Please complete this form in BLOCK LETTERS and return it back to the Egyptian Fencing Federation
Fax No + (202) 2402 8595, or Email: cairo me@hotmail.com
Not later than 6<sup>th</sup> Feb .2018.

**Federation:** 

<u>Fax No.</u> <u>Telephone No.</u> <u>E-mail.</u>

#### Fencers' names:

| checis han  | 1000 |    |                |               |                 |
|-------------|------|----|----------------|---------------|-----------------|
| Weapo       | on   | No | Junior<br>Name | Cadet<br>Name | MIX Team<br>U20 |
|             |      | 1  |                |               |                 |
| Foil Wor    | men  | 2  |                |               |                 |
|             |      | 3  |                |               |                 |
|             |      | 1  |                |               |                 |
| Epee Wo     | men  | 2  |                |               |                 |
|             |      | 3  |                |               |                 |
|             |      | 1  |                |               |                 |
| Sabre Women | omen | 2  |                |               |                 |
|             |      | 3  |                |               |                 |







#### **Fencers' names:**

|  | Weapon          | No | Junior | Cadet | Team U20 |  |
|--|-----------------|----|--------|-------|----------|--|
|  |                 | NU | Name   | Name  | Team 020 |  |
|  |                 | 1  |        |       |          |  |
|  | Foil Men        | 2  |        |       |          |  |
|  |                 | 3  |        |       |          |  |
|  | <b>Epee Men</b> | 1  |        |       |          |  |
|  |                 | 2  |        |       |          |  |
|  |                 | 3  |        |       |          |  |
|  | Sabre Men       | 1  |        |       |          |  |
|  |                 | 2  |        |       |          |  |
|  |                 | 3  |        |       |          |  |

| <b>Chief of Delegation</b> | <u>1</u> |   |             |
|----------------------------|----------|---|-------------|
| <u>Coach</u>               |          |   |             |
| Referee :                  |          | 1 | FIE Rating: |
|                            |          | 2 | FIE Rating: |
|                            |          | 3 | FIE Rating: |

**Signature & stamp President of the Federation** 







## **Entry Form U14**

Please complete this form in BLOCK LETTERS and return to the Egyptian Fencing Federation

Fax No + (202) 2402 8595, or Email:  $\underline{\text{cairo me@hotmail.com}}$  Not later than  $\underline{6^{\text{th}} \text{ Feb. 2018}}$ .

| Federation:     |               |                |      |
|-----------------|---------------|----------------|------|
| <u>Fax No.</u>  | Telephone No. | <u>E.mail.</u> | •••• |
| Fencers' names! |               |                |      |

| Woonen            | No  | U14  |
|-------------------|-----|------|
| Weapon            | 140 | Name |
|                   | 1   |      |
| Foil Women        | 2   |      |
|                   | 3   |      |
|                   | 1   |      |
| <b>Epee Women</b> | 2   |      |
|                   | 3   |      |
|                   | 1   |      |
| Sabre Women       | 2   |      |
|                   | 3   |      |







#### **Fencers' names:**

| Weapon          | No | U14<br>Name |
|-----------------|----|-------------|
|                 | 1  |             |
| Foil Men        | 2  |             |
|                 | 3  |             |
|                 | 1  |             |
| <b>Epee Men</b> | 2  |             |
|                 | 3  |             |
|                 | 1  |             |
| Sabre Men       | 2  |             |
|                 | 3  |             |

| Coach   |   |   | •••••       |
|---------|---|---|-------------|
| Referee | : | 1 | FIE Rating: |
|         |   | 2 | FIE Rating: |
|         |   | 3 | FIE Rating: |

**Signature & stamp President of the Federation** 







## **Accommodation and Transportation Form**

|         | Name                | Single   | Double     | Check in date     | Check out date       |
|---------|---------------------|----------|------------|-------------------|----------------------|
|         |                     |          |            |                   |                      |
|         |                     |          |            |                   |                      |
|         |                     |          |            |                   |                      |
|         |                     |          |            |                   |                      |
|         |                     |          |            |                   |                      |
|         |                     |          |            |                   |                      |
|         |                     |          |            |                   |                      |
| fill th | e below data if you | need Tra | nsportatio | on from the Airpo | ort to the Hotel &vi |
|         | e:                  |          |            | Arrival Time:     |                      |
| : No    | •••••               |          |            | Carrier:          | •••••                |
| rture ( | date:               |          | Dena       | arture Time:      |                      |
|         | •••••               |          | 2 op       | Carrier:          |                      |







# Visa Form

Please complete this form in BLOCK LETTERS and return to the Egyptian Fencing Federation or Email: <u>cairo\_me@hotmail.com</u>
Not later than 30<sup>th</sup> Jan2018.

| <b>Federation:</b> |                |          |  |
|--------------------|----------------|----------|--|
| Fax No. :          | Telephone No.: | E.mail.: |  |

| No. | First Name | Last Name | Date of birth | Passport no. | function |
|-----|------------|-----------|---------------|--------------|----------|
| 1   |            |           |               |              |          |
| 2   |            |           |               |              |          |
| 3   |            |           |               |              |          |
| 4   |            |           |               |              |          |
| 5   |            |           |               |              |          |
| 6   |            |           |               |              |          |
| 7   |            |           |               |              |          |
| 8   |            |           |               |              |          |
| 9   |            |           |               |              |          |
| 10  |            |           |               |              |          |
| 11  |            |           |               |              |          |
| 12  |            |           |               |              |          |
| 13  |            |           |               |              |          |
| 14  |            |           |               |              |          |
| 15  |            |           |               |              |          |
| 16  |            |           |               |              |          |
| 17  |            |           |               |              |          |

#### **AUTHORISATION SAMPLE**

| We, the undersigned:                       |  |
|--|--|
|  | (Father's surname, name, date and place of birth, passport number)     |
|  | Mother's surname, name, date and place of birth, passport number)      |
| Authorise to represent and act in our name | the following person, who:   |
|  | (write the name of the country) to make the decisions mentioned below; |
| - Has acceptedthisauthority;               |  |
| - During the period of                     | to   |
| Surname                                    |  |
| Name                                       |  |
| Date and place of birth                    |  |
| Nationality and passport number:           |  |
|  |  |
| Phone number during competition            |  |
| Authorising the above person to            | make decisions relative to the health of our child:                    |
| Surname                                    | ,  |
| Name:                                      |  |
| Date of birth                              |  |
| FIE Licence Number                         |  |
|  |  |
|  |  |
| Father's Signature:                        | Mother's Signature:  |