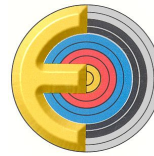


OSŁ „Strzelec”  
Górnicza 1 Street  
59-220 Legnica, Poland  
Phone/fax no. +48768544058  
E-mail: legnicacup@interia.eu



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## Dear Member Associates

On behalf of Polish Archery Federation, we warmly invite you to the 1<sup>st</sup> Leg of European Junior Cup in Legnica - Poland.

The 1<sup>st</sup> Leg of European Junior Cup will take place in Legnica, Poland, 12<sup>th</sup> - 16<sup>th</sup> May 2009.

Enclosed please find the information and subscription forms to attend the European Junior Cup.

On each document you will find the address to which you should send your information.

Please also note the following deadlines:

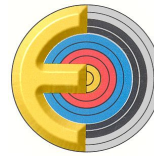
Preliminary entry form	31st March
Hotel list and booking form	15th April
Transport form	15th April
Final entry form	15th April
Payment	15th April

*Please note if your team is not yet composed, then only sign up the total number of archers. Their names can be forwarded later.*

Hoping to welcome you in Legnica.

Yours sincerely  
Józef Baściuk

OSL „Strzelec”  
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 59-220 Legnica, Poland  
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 E-mail: legnicacup@interia.eu



1<sup>st</sup> Leg of the European Junior Cup in Legnica, Poland [12-16 May 2009]

Day	Beginning	End	Description	Groups	Remarks
11 May Arrival	All day		Delegations arrival and accreditation	All	Accreditation office at Main Field
	10:00	13:00	Free practice	All	Practice field
	15:00	17:00			
12 May Practice, Opening	9:00	12:00	Official practice, equipment inspection	RJM + RJW + CCM + CCW	Main field. Practice field open
	13:00	16:00	Official practice, equipment inspection	RCM + RCW + CJM + CJW	
	18:00	19:30	Opening ceremony	All	
13 May Individual. Event FITA Round	8:30	9:15	Warm-up	RJM + RJW + CCM + CCW	Main field. Practice field open
	9:30		Long distances		
	14:00	14:45	Warm-up	RCM + RCW + CJM + CJW	Main field.
	15:00		Long distances		
14 May Individual. Event FITA Round	8:30	9:15	Warm-up	RJM + RJW + CCM + CCW	Main field. Practice field open
	9:30		Short distances		
	14:00	14:45	Warm-up	RCM + RCW + CJM + CJW	Main field.
	15:00		Short distances		
15 May Individual. Event Olympic Round	8:00	8:30	Warm-up	All Cadets	Main field.
	8:45		Olympic Round Matches from 1/32 to bronze medals matches.		
	11:35		Gold Finals		
	14:30	15:00	Warm-up	All Juniors	Main field.
	15:10		Olympic Round Matches from 1/32 to bronze medals matches.		
	18:00	19:20	Gold Finals		
	19:30	20:30	Medals giving ceremony	All Cadets & Juniors	Main Field
16 May Teams Event Olympic Round	9:00	9:30	Warm-up	All cadets Teams	Main field.
	9:45		Olympic Round Team Matches from 1 /4 to Bronze Medal Matches		
	11:45		Gold Medal Matches		
	15:00	15:30	Warm-up	All Junior Teams	Main Field.
	15:45		Olympic Round Team Matches from 1/8 to Bronze Medal Matches		
	17:15		Gold Medal Matches		
	19:30		Medals giving and Closing Ceremonies	All participants	Main Field
17 May Departure	All day		Departure of Delegations	All	

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### PRELIMINARY ENTRY FORM

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**RETURN TO:** OSL “Strzelec” , Gornicza 1 Street;  
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Phone/Fax no. +48768544058  
E-mail: legnicacup@interia.eu

---

Return at the latest: **31st March 2009**. Preliminary Entries received after that deadline may be refused.

---

**Country name:**

---

### NUMBER OF COMPETITORS (max 4 by category)

---

	JUNIOR WOMEN:	JUNIOR MEN;
<b>Recurve:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Compound:</b>	<input type="checkbox"/>	<input type="checkbox"/>
	CADET WOMEN:	CADET MEN;
<b>Recurve:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Compound:</b>	<input type="checkbox"/>	<input type="checkbox"/>

---

### NUMBER OF OFFICIALS

---

I hereby declare that our Member Association is in good standing and that all competitors and officials are covered in case of illness or accident.

Date: .....

Signature: .....  
*President / Secretary*

---



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## HOTEL BOOKING FORM

**RETURN TO:** OSL “Strzelec” , Gornicza 1 Street;  
59-220 Legnica; Poland  
Phone/Fax no. +48768544058  
E-mail: legnicacup@interia.eu

Return at the latest: **15th April 2009**. Hotel Booking Forms received after that deadline may be refused.

**Country name:**

*All prices include breakfast, lunch and dinner. All the rates are expressed in Euros per person and day. 30% of the payment is required before 15<sup>th</sup> April 2009. The rest is due upon arrival on 12<sup>th</sup> May 2009.*

	Price per person per day			
	Single	Double	3 beds room	4 beds room
HOTEL „Qubus” **** Full Board	80 €	70 €	65 €	-
HOTEL „Arkadia” * * * Full Board	60 €	45 €	40 €	35 €
HOTEL „Kamieniczka” Full Board	60 €	45 €	40 €	35 €
HOSTEL „Miedzianka” Full Board	-	-	-	25 €

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## BOOKING REQUEST

### HOTEL CHOICE

	Hotel Qubus	Hotel Arkadia	Hotel Kamieniczka	Hostel Miedzianka	Total €
DATE IN: ..... Number of Single Rooms:	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
DATE OUT: ..... Number of Double Rooms:	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
No. of Nights: ..... Number of Triple Rooms:	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Number of 4 beds Rooms:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total numbers of persons:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Booking will be done as requested, depending on availability at reception of the subscription. A booking confirmation then will be sent back. **We request to pay 30% total amount before the 15th April 2009.**

Euro payment must be sent to:

**Bank name: Polbank EFG, Grodzka 31, Głogów, Poland**

**Account information: IBAN Code: 28 2340 0009 0901 2460 0000 0010, Swift: EFGBPLPW**

Date: .....

Signature: .....

*President / Secretary*



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## TRANSPORTATION FORM

**RETURN TO:** OSL “Strzelec” , Górnicza 1 Street;  
59-220 Legnica; Poland  
Phone/Fax no. +48768544058  
E-mail: legnicacup@interia.eu

Return at the latest: **15th April 2009**. Preliminary Entries received after that deadline may be refused.

**Country name:**

Total number of Archers:

Total number of Officials:

### Means of Transportation.

#### ARRIVAL

**Plane:** Airport: ..... Place: ..... Other: .....  
Flight No ..... From: .....  
Date: ..... Time: H ..... Mn .....

**Train:** Train No: ..... Arriving from: .....  
Date: ..... Time: H ..... Mn .....

**Car/Bus:** Date: ..... Time: H ..... Mn .....

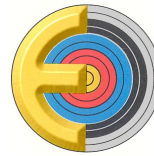
#### DEPARTURE

**Plane:** Airport: ..... Place: ..... Other: .....  
Flight No: ..... From: .....  
Date: ..... Time: H ..... Mn .....

**Train:** Train No: ..... Departing from: .....  
Date: ..... Time: H ..... Mn .....

**Car/Bus:** Date: ..... Time: H ..... Mn .....

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---

**IMPORTANT :**

- There are many possibilities to come to Legnica. The closest and official airport is Wrocław Airport
- Team transportation will be arranged **ONLY** for arrival and departure, between the hotels and **Wrocław** airport or the railway station in **Wrocław**. Price per person is 20 €
- We remind you to insert your flight or train schedule as well as the flight and train number on the Transportation Form.
- We are able to arrange transfer from and to other airports, such as Poznan or Katowice Airport. Price will be sent on your request.
- All transfers within Legnica city are free of charge.

Date: .....

Signature: .....  
*President / Secretary*



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### FINAL ENTRY FORM

**RETURN TO:** OSL “Strzelec” , Gornicza 1 Street;  
 59-220 Legnica; Poland  
 Phone/Fax no. +48768544058  
 E-mail: legnicacup@interia.eu

Return at the latest: **15th April 2009**. Preliminary Entries received after that deadline may be refused.

**Country name:**

### LIST OF COMPETITORS

(max. 4 in each category).

**Country name:**

#### RECURVE Junior

	Women			Men	
	Family Name	First Name		Family Name	First Name
1			1		
2			2		
3			3		
4			4		

#### COMPOUND Junior

	Women			Men	
	Family Name	First Name		Family Name	First Name
1			1		
2			2		
3			3		
4			4		





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**RECURVE Cadet**

	Women			Men	
	Family Name	First Name		Family Name	First Name
1			1		
2			2		
3			3		
4			4		

**COMPOUND Cadet**

	Women			Men	
	Family Name	First Name		Family Name	First Name
1			1		
2			2		
3			3		
4			4		

**TEAM CAPTAIN**

Assistants and coaches .

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

I hereby declare that our Member Association is in good standing and that all competitors and officials are covered in case of illness or accident.

Date: .....

Signature: .....  
*President / Secretary*



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### PAYMENT FORM

**RETURN TO:** OSL “Strzelec”, Górnicza 1 Street;  
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E-mail: legnicacup@interia.eu

Return at the latest: **15th April 2009**. Preliminary Entries received after that deadline may be refused.

**Country name:**

**1 – Individual subscription :**

..... x 50 € = ..... €

**2 – Transportation to and from Wroclaw (airport of railway station):**

..... x 20 € = ..... €

**3 – Closing Banquet:**

..... x 15 € = ..... €

**4 – Total Accommodation: .....€**

**TOTAL: \_\_\_\_\_ €**

**Deposit 30% paid before 15<sup>th</sup> April 2009: \_\_\_\_\_ €**

**Balance due no later than 12<sup>th</sup> May 2009: \_\_\_\_\_ €**

**Note: There is no subscription fee for teams and officials.**

Booking will be done as requested, depending on availability at reception of the subscription. A booking confirmation then will be sent back.

Cancellations and reimbursement:

- Entry fees received before 15<sup>th</sup> April 2009 – total reimbursement of deposit.
- Entry fees received after 15<sup>th</sup> April 2009 – reimbursement of 50% of deposit.

Euro payment must be sent to:

**Bank name: Polbank EFG, Grodzka 31, Glogow, Poland**

**Account information: IBAN Code: 28 2340 0009 0901 2460 0000 0010, Swift: EFGBPLPW**

Date: .....

Signature: .....  
*President / Secretary*



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## EMAU PARTICIPATION WAIVER AND COMPETITORS AGREEMENT

### EVENT: 1<sup>st</sup> Leg of European Junior Cup in Legnica (Poland)

This form needs to be signed by all the athletes before they can be accredited at the event. The event detailed in the document heading will be referred to as "The Event".

As in any sporting event, athletes always run the risk of injury or worse. Archery is no different. Therefore, the following waiver is currently required for participation.

In consideration of my involvement in The Event, I acknowledge and agree that:

1. I understand that participation in archery competition may involve risk of bodily injury, including but not limited to paralysis, dismemberment or even death, as well as loss of or damage to property.
2. I fully understand such dangers and knowingly and freely assume all such risk, and
3. I for myself and on behalf of my heirs, assigns and next of kin, hereby release, hold harmless and promise not to sue EMAU, their Officers, Officials, Organisers, Agents, Sponsors and/or Employees and/or other representatives ("The EMAU Agents"), with respect to any and all such injury, paralysis, dismemberment, death and/or loss or damage arising from my participation in the except that which is resultant of gross negligence and/or willful or wanton misconduct by EMAU and/or EMAU agents.
4. I promise to abide by all EMAU rules, regulations, decisions and rulings, including without limitation all those relating to doping or use of drugs. I agree to submit all disputes or claims of any nature relating to the Event (including without limitation its conduct, sponsorship and my participation therein), EMAU rules, regulations, rulings and decisions on all subjects to binding arbitration before the Court of Arbitration for Sport under its statutes and regulations.
5. The sponsors of The Event and EMAU may use my photograph, image, name or nick name for the promotion of the Event, EMAU or archery events. EMAU Sponsors or Partners may use my name and likeness to describe any prizes given by Sponsors or Partners without implying any endorsement of their product or service. This use may not include any endorsement by me. I am free to negotiate these endorsements on my own.
6. I will accept any prizes or awards given to me by EMAU or the sponsors of The Event for my participation, and I will attend all special award ceremonies at which prizes or awards are presented.
7. If I am invited to attend a press conference by the EMAU Press Officer or his representative I will without any delay attend this conference. I acknowledge that by not doing so sanctions may be imposed.

Participant's name (print) \_\_\_\_\_

Participant's signature \_\_\_\_\_

Date \_\_\_\_\_



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EMAU PARTICIPATION WAIVER AND COMPETITORS AGREEMENT

EVENT: 1<sup>st</sup> Leg of European Junior Cup in Legnica (Poland)

*ACCORD DE PARTICIPATION ET DECHARGE DES COMPETITEURS VIS-A-VIS DE EMAU*

MANIFESTATION: 1<sup>st</sup> Leg of European Junior Cup in Legnica (Poland)

FOR ATHLETES OF MINORITY AGE  
(under 18 years, or minor in his/her country at time of participation,)

This is to certify as parent/guardian of this participant, I have read, understood and approved the above participation waiver and competitors agreement and consent to his/her release of EMAU from all liabilities to his/her involvement in The Event and will ensure that she/he will respect the signed agreement.

*ATHLETES MINEURS*  
*(ayant moins de 18 ans, ou mineur(e) dans son pays à la date de la participation)*

*Je soussigné, parent/tuteur du participant désigné ci-après, certifie avoir lu, compris et approuvé le formulaire ci-dessus, et consens à décharger EMAU et/ou l'organisateur de toute responsabilité à son égard liée à sa participation à la Manifestation.*

Participant's name (print) \_\_\_\_\_

*Nom du participant (en majuscule)*

Parent/Guardian name (print) \_\_\_\_\_

*Nom du parent/tuteur (en majuscule)*

Parent/Guardian signature \_\_\_\_\_

*Signature du parent/tuteur*

Date \_\_\_\_\_

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## FITA ANTI-DOPING AGREEMENT

(FITA Constitution and Rules, Book 1, Appendix 12)

I, as a member of a Member Association of FITA or participating in a FITA authorized or recognized event, hereby acknowledge and agree as follows:

1. I have received information on the FITA Anti-Doping Rules (\*) and had an opportunity to review them.
2. I consent and agree to comply with and be bound by all of the provisions of the FITA Anti-Doping Rules (\*), including but not limited to, all amendments to the Anti-Doping Rules (\*) and all International Standards\* incorporated in the Anti-Doping Rules.
3. I consent and agree to the creation of my profile in WADA Doping Control Clearing House (ADAMS) and/or any other authorized National Anti-doping Organisations (NADOs) similar system under FITA's agreement for the sharing of information, and to the entry on my doping control and Therapeutic Use Exemptions related data in such systems.
4. I acknowledge and agree that FITA and its Member Associations have jurisdiction to impose sanctions as provided in the FITA Anti-Doping Rules (\*).
5. I also acknowledge and agree that any dispute arising out of a decision made pursuant to the FITA Anti-Doping Rules (\*), after exhaustion of the process expressly provided for in the FITA Anti-Doping Rules (\*), may be appealed exclusively as provided in Article 13 of the FITA Anti-Doping Rules (\*) to an appellate body for final and binding arbitration, which in the case of International-Level Athletes is the Court of Arbitration for Sport.
6. I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.
7. I have read and understood this Acknowledgement and Agreement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Last Name, First Name)

\_\_\_\_\_  
Date of Birth  
(Day/Month/Year)

\_\_\_\_\_  
Signature (or, if a minor, signature of  
legal guardian)



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## APPEAL FORM / FORMULAIRE D'APPEL

This is an intention of Appeal / *Ceci est une intention de faire appel*

This is an appeal from / *Ceci est un appel*

(please tick appropriate box / *cochez la case appropriée*)

- the Team Captain of the following country :  
 / *du capitaine d'équipe du pays suivant*: -----  
 Name of the Team Captain: / *Nom du capitaine d'équipe*: -----
- a Team (please name country): / *d'une équipe (précisez le pays)*: -----
- an individual person (name) :  
 / *d'une personne individuelle (nom)*: -----
- other (please specify) / *autre (précisez)*: -----

This appeal is against / *cet appel est dirigé contre*: -----

Description of Appeal or Protest / *Description de l'appel ou de la plainte*:

-----  
 -----  
 -----

I believe this action is against the following rules (state article if known) :

/ *je pense que cette action viole les règles suivantes (citez l'article si connu)*: -----

Signature : Name in printing / *nom en capitales*: -----

### Article 3.13.2.1:

An intention to appeal when it might affect the progression of an athlete from one stage of the competition to the next, must be expressed in writing and lodged with the Chairperson of the Tournament Judge Commission and/or the Jury within 5 minutes of the end of the relevant round or match, whichever comes first. The written appeal must be lodged with the Jury within 15 minutes of the end of the relevant round or match, whichever comes first, to allow the Jury to come to a decision before the beginning of the next round of the competition.

*L'intention de faire appel dans le cas où cela pourrait affecter la progression d'un concurrent entre une phase de la compétition et la phase suivante doit être exprimée par écrit au Président des Juges du Tournoi et/ou au Jury dans les 5 minutes suivant la fin de l'épreuve ou du match en question, peu importe celui qui arrive en premier. Cet appel écrit doit être présenté au Jury dans un délai de 15 minutes suivant la fin de l'épreuve ou du duel en question, peu importe celui qui arrive en premier, pour que le Jury prenne une décision avant le début de la phase suivante de la compétition.*

### Article 3.13.4:

Jury decisions shall be minuted and submitted to the appellant, the Chairperson of the Tournament Judge Commission and the Organizers before the beginning of the next stage of the competition or before the awarding of prizes.

*Le procès-verbal des décisions du jury d'appel est soumis au requérant, au Président des Juges du Tournoi et aux organisateurs avant le début de la phase suivante de la compétition ou avant la remise des prix.*

Received on / *reçu le*: ----- time / *heure*: -----  
 by Chairperson of the Tournament Judge Commission / *par le Président des Juges du Tournoi*:

Signature: Name in printing / *nom en capitales*:  
 -----

Cost for lodging an appeal: Euro 50.-, which will be restituted when the appeal is accepted.



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Union Européenne et Méditerranéenne de Tir à l'Arc  
European and Mediterranean Archery Union

## ATHLETE'S BIOGRAPHY - Date:

MEMBER ASSOCIATION (IOC code):

FAMILY NAME:

FIRST NAME:

NICK NAME:

NATIONALITY:

GENDER: Male / Female

DATE OF BIRTH (dd-mm-yyyy):  
PLACE OF BIRTH:

LANGUAGE(S):

HOBBIES:

YEAR STARTED ARCHERY:  
CLUB:

FIRST YEAR IN NATIONAL TEAM:

HEIGHT:  
WEIGHT:

cm / ft  
kg / lbs

DRAW WEIGHT:  
DRAW LENGTH: cm / inches

kg / lbs

DIVISION: Barebow / Compound / Recurve / Instinctive Bow / Llongbow  
HANDED: Right / Left

ADDRESS:  
CITY:  
COUNTRY:  
EMAIL:  
TELEPHONE:

FAX:

OCCUPATION:  
EDUCATION:

MARITAL STATUS: Single / Married / Divorced / Widowed / Common Law

CHILDREN:

### COMPETITIONS ATTENDED (year, place, division, ranking)

OLYMPIC GAMES:

WORLD CHAMPIONSHIPS:

WORLD CUPS:

OTHER INTERNATIONAL EVENTS:

NATIONAL CHAMPIONSHIPS:

### HIGHEST SCORES

OUTDOOR:	144 ARROWS:	72 ARROWS:	12 ARROWS:	
INDOOR:	25 METERS:	18 METERS	12 ARROWS:	
FIELD:	2x24 targets	Total score:	marked distances only:	unmarked distances only:
3D FITA:	2x20 targets	12 targets:	4 targets:	

### OTHER INFORMATION OF INTEREST

Thanks for your cooperation. The above information may be used by EMAU for media purposes.

