

## ANNOUNCEMENT

### **“ZAGREB TROPHY 2014”**

#### **ALPE ADRIA TROPHY 2014/2015**

##### **in Short Track Speed Skating**

**November 15 – 16, 2014– Zagreb - Croatia**

**Klizalište Velesajam, Jozsefa Antalla b.b.**

*Croatian Skating Federation and Skating Club Kbk Meteor, have an honor to invite your team at the Zagreb Trophy 2014 Short Track Speed Skating Competition in Zagreb from 15<sup>th</sup> to 16<sup>th</sup> November 2014.*

*The Zagreb Trophy 2014 SHT competition is associated with the Alpe-Adria Trophy competitions.*

*The track is an indoor Ice Rink, with the measures of 60 x 30m, with a standard track of 111.12m. Beside the original track there will be four extra tracks set up to preserve good ice conditions. Padding will cover the boards in dangerous areas.*

#### **RULES**

*The All Final System would be applied. The first round of the first distance shall be made on the basis of the personal best time supplied with the Final Entry.*

*Only the top 6 points scorers and ties on the 6<sup>th</sup> position, on the basis of Final Points after the previous Finals, are eligible to compete in the Super-Final.*

*Final Points will be awarded in the A Final races only. No points will be awarded to Skaters or Teams who receive a penalty, a yellow card, a red card, did not start or failed to finish the race. The points 34, 21, 13, 8, 5, 3, 2, 1 are awarded in descending order commencing with first place.*

*For the Final Classification the skaters are ranked:*

- by total number of Final Points*
- by position (finish place) in the Super Final*
- by combined ranking over all Distance Classification*
- by the highest ranking achieved in one of the distances and subsequent other best rankings*
- by best time over the longest distance on the program  
(See Rule 295)*

#### **CATEGORIES**

*Ladies and Men (Girls and Boys) will be divided into the following age groups :*

Seniors	19 and older
Juniors A	17 - 19
Juniors B	15 - 17

Juniors C	13 - 15
Juniors D	11 - 13
Juniors E	9 - 11
Juniors F	Younger than 9

*Please note that the organizer reserves the right to join certain age groups in races, after consulting with the Competitor Steward, if there is not enough skaters in the individual groups. There is also a possibility of mixed gender groups. Results will be calculated for each group separately independent from grouping in races.*

#### *DISTANCES*

Seniors + JA	1500m, 500m, 1000m,
Junior B	1500m, 500m, 1000m,
Juniors C	1500m, 500m, 1000m,
Juniors D	1000m, 500m, 777m,
Juniors E	777m, 333m, 500m,
Juniors F	500m, 222m, 333m ,

*Relay will be if will be the time.*

#### *RELAY*

*Group A Men/Ladies - 3000m (Seniors, Juniors A and B) – teams with 4 skaters*

*Group B Men/Ladies - 2000m (Juniors C , D and E or F) – teams with 3 skaters*

#### *GENERAL PROGRAM*

*Friday:* Arrival of teams  
7.00 pm team leader's meeting

*Saturday:*  
8:00 am Warm up – Juniors D + E + F  
8:20 am Warm up – Seniors, Juniors A + B + C  
09:00 am Competition

*Sunday:*  
8:00 am Warm up – Juniors D + E + F  
8:20 am Warm up – Seniors, Juniors A + B + C  
9:00 am Competition  
1:00 pm Awards Ceremony

#### *AWARDS*

*The first three placed competitors in the overall ranking will receive medals .*

#### *MEDICAL ASSISTANCE*

*There will be a Medical representative present at the warm up and during the competitio*

#### *EQUIPMENT*

*In order to maintain safety on ice, we ask the participating skaters to be equipment with a proper helmet; shin, knee and neck protectors and cut resistant gloves. (See Rule 291)*

#### *ACCOMODATION*

*The participating teams are solely responsible for the accomodation and meals. There is a possibility of a full-board hotel accomodation for the teams who will be arriving before the day of the competition.*

*Please make the reservation yourself*

## **ENTRIES**

*The fully filled up Preliminary Entries must reach the OC by November 03. 2014 at the latest!*

*These entries should contain the following data:*

- *the name of Member Association or Club*
- *the number of the team members and the list of names (full names),*
- *the date of birth.*

***The dead line for the Final entries is November 10. 2014***

*on:*

**ORGANIZING COMMITTEE**

**CROATIAN SKATING FEDERATION**

*Trg Krešimira Čosića 11*

*10000 Zagreb, Croatia*

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*info@croskate.hr*

*&*

*tblagaic@gmail.com*

*jasna.todorovic1@zg.t-com.hr*

*can only be made electronically through the [www.shorttracklive.info](http://www.shorttracklive.info) website.*

## **CONFIRMATION ENTRY**

- *in case of changes in Final Entry*
- *November 14, till 18.00*  
*jasna.todorovic1@zg.t-com.hr* and *tblagaic@gmail.com*

**ENTRY FEE: 15 EUR/ per skater**

## **LIABILITY**

*The Organizing Committee declines all responsibility for any loss or damage during the competition. Each competitor participating in the competition at his/her own risk and assurance.*

**ORGANIZING COMMITTEE**

**PRELIMINARY ENTRY FORM**  
***"Zagreb Trophy 2014"***  
***Alpe Adria Trophy 2014/2015***  
***in Short Track Speed Skating***  
***November 15 - 16, 2014 - Zagreb, Hrvatska***

**To be sent before: November 03. 2014**

**Name of Team:** \_\_\_\_\_

**List of Participants:**

	SENIOR:	JUNIOR:	OFFICIALS:
LADIES:			

MEN:			
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**Relay participation:**

	SENIOR:		JUNIOR:	
	YES:	NO:	YES:	NO:
LADIES:				

MEN:				
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**Date of Arrival:**                      **2014**    **Date of Departure:**                      **2014**

**Contact Person:**                      **E-mail:**

**Phone number:**                      **Fax number:**

	Name	Given Name	Date of birth DD/MM/YY
<b>Ladies</b>			

<b>Men</b>			

Date:

**FINAL ENTRY FORM**  
***"Zagreb trophy 2014"***  
***Alpe Adria Trophy 2014/2015***

*in Short Track Speed Skating*  
*November 15 - 16, 2014 - Zagreb, Hrvatska*

This form must be returned before: **November 10, 2014**

Name of ISU Member:

Number of participants:      Ladies:      Men:

Number of officials:      Ladies:      Men:

Team Skaters:

Category	Name	Given Name	Date of birth DD/MM/YY	Categories
<b>Ladies</b>				
<b>Men</b>				


**Team Officials:**

Function	Name	Given Name	Sex
Team Leader			
Coach			
Medical Staff			

**Contact Person:**

**E-mail:**

**Phone number:**

**Fax number:**

**Date:**