



XII BELGRADE DIVING TROPHY

A,B,C,D CATEGORIES

APRIL 04-05.2015. Belgrade, Serbia
BELGRADE DIVING ASSOCIATION
SERBIAN DIVING ASSOCIATION

Welcome:

The Belgrade Diving Association and Serbian Diving Association are pleased to invite the your team/federation to participate in the “13th International Belgrade Diving Trophy” to be held in Belgrade on April 04-05.2015. Belgrade Trophy is included in LEN 2015 competition calendar.

Organizing Committee:

Belgrade Diving Association
Address: Blagoja Parovića 150, Belgrade
Tel/Fax: +381 64 2971469
E-mail to: belgrade.diving.trophy@gmail.com and Cc: wolfman.73@live.com

Venue-Facilities:

The competitions will be held at the indoor swimming pool “Tašmajdan“. Swimming pool is located in the heart of the city,
Address: Ilije Garašanina 26, 11000 Belgrade

Two 1m springboards Duraflex B
Two 3m springboards Duraflex B
Platform 5m, 7.5m, 10m (3m wide).
Dry land: mats, pits, somersault bench.
Pool depth 4,6 m



Competition Format:

Competition will be held with accordance with FINA rule for AGE CATEGORIES C, B, A, Senior in following disciplines: springboards 1m, 3m and platform.
D CATEGORY will be formatted as follow: springboard 1m, 3m, platform 3(5,4)+3 .
E CATEGORY will be formatted as follow: springboard 1m, 3m, platform 2(3,7)+2 .

Technical meeting: Friday 3th April 18:30 PM at hostel (provisional)

Entry Fee: 7 € (per diver per event)

PROVISIONAL schedule :

FRIDAY

14.00-18.00 TRAINING

18.30 TECHNICAL MEETING

SATURDAY

08.00-12.00 TRAINING and COMPETITION

16.00-17.00 TRAINING

17.00-17.15 OPENING CEREMONY

17.30-20.00 COMPETITION

21.00 OFFICIAL DINNER

SUNDAY

09.00-12.00 TRAINING and COMPETITION

Accommodation & transportation: We have arranged full board accommodation (walking distance from swimming pool). For each country we'll provide 3 gratis full board accommodation from dinner April 3th until breakfast April 6th. Extra nights and extra persons from 3rd till 6th of April will be charged 32€ for full board per day. Arrivals earlier than 03rd April will be charged extra. Payment should be made in cash to Organizing Committee. If you want to pay by bank transfer contact us. For all teams accommodated in official hostel will be provided local transport on arrival end departure from and to airport "Nikola Tesla", Belgrade train and bus station. For those who come with their own vehicle, will be provided safe parking place with 24 hour video security.

DEADLINES:

PRELIMINARY ENTRY: Please send preliminary entry form with number of participants as soon as possible how we can make accommodation booking.

FINAL ENTRY: March 25th, by E-mail wolfman.73@live.com

TRAVEL FORM: April 1st, by E-mail belgrade.diving.trophy@gmail.com

DIVE LISTS: April 1st, by E-mail wolfman.73@live.com

If you have any further questions concerning the meet, please do not hesitate to contact us.

XII BELGRADE DIVING TROPHY

Belgrade, Serbia

April 4-5.2015



Preliminary Entry Form

FEDERATION (club): _____

| | | |
|--|--|--|
| | | |
|--|--|--|

Tel: _____ Fax: _____

E-mail: _____

| | |
|---|--|
| Number of Male Divers: | |
| Number of Female Divers: | |
| Number of Officials (delegates, coaches, etc.) | |
| Others: | |
| Total Number of Persons: | |

Date _____

Stamp _____

Signature of President or Secretary of Federation _____

Please submit this form as soon as possible and send to:

and Cc:

XII BELGRADE DIVING TROPHY

Belgrade, Serbia

April 4-5.2015



FINAL Entry Form

FEDERATION (club): _____

| | | |
|--|--|--|
| | | |
|--|--|--|

Tel: _____ Fax: _____

E-mail: _____

| No | Name | m/f | AB CD | 1m,3m,H (position) | Date of birth |
|----|------|-----|----------|-----------------------|------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

Date _____

Stamp _____

Signature of President or Secretary of Federation _____

Please submit this form by 25th April and send to:

and Cc:

XII BELGRADE DIVING TROPHY

Belgrade, Serbia

April 4-5.2015



TRAVEL DETAILS

FEDERATION (club): _____

| | | |
|--|--|--|
| | | |
|--|--|--|

Tel: _____ Fax: _____

E-mail: _____

| ARRIVAL | | | |
|---------------------------|--------------------|--------------------------|--------------------------|
| Date and time of Arrival: | Airport / Station: | Airline & Flight Number: | Total Number of Persons: |
| | | | |

| DEPARTURE | | | |
|-----------------------------|--------------------|--------------------------|--------------------------|
| Date and time of Departure: | Airport / Station: | Airline & Flight Number: | Total Number of Persons: |
| | | | |

Date _____

Stamp _____

Signature of President or Secretary of Federation _____

Please submit this form by [1st April](#) and send to:

and Cc: