



ITALIAN JUNIOR OPEN 2008

EUROPEAN JUNIOR OPEN EVENT

- DATES** Friday 13th June (09.30 hrs start) - Sunday 15th, June 2008
- VENUE** Federazione Italiana Giuoco Squash National Centre
Viale Forlimpopoli, 5
47838 Riccione (Rn) - Italy
Tel: +39 541 790894 - Fax: +39 541 790994
E-mail: info@federsquash.it
Website: www.federsquash.it
- CATEGORIES** Boys under 19, under 17, under 15 and under 13
Girls under 19, under 17, under 15 and under 13
Players may only enter **one** category. A minimum of three matches will be scheduled for each player. The maximum draw size is 32.
- ELIGIBILITY** The Italian Junior Open is open to all players under the ages of 13, 15, 17 and 19 on 15th June 2008, as appropriate.
- SEEDING** The seeding will be done by ESF according to the May 2008 European Junior Ranking. Non-European players without an ESF Junior Ranking will be seeded by the Tournament Director.
- MATCHES** All matches will be played as best of five games, under the rules of the WSF.
- REFEREEING** All players will be expected to mark and referee matches.
- BALL** The Dunlop Pro XX ball will be used.
- PRIZES** Trophies will be awarded in all categories.
- INSURANCE** Players enter and play in the tournament at their own risk. Neither the organisers nor the ESF accept any responsibility for injury arising from participating in the event. Players must arrange their own insurance.



ENTRIES

Only entries endorsed by the relevant National Federation will be accepted. All entries must be made on the official entry form and sent to:

FEDERAZIONE ITALIANA GIUOCO SQUASH

Viale Forlimpopoli, 5 - 47838 Riccione (Rn) - Italy

Tel: +39 541 790894

Entries can also be made by

Fax +39 541 790994 or email to info@federsquash.it

All entries will be acknowledged, and full details of the centre and hotel and travel information will be sent to entrants or their association.

DRAWS

The seedings will be circulated to all players or their national associations.

Times of first matches will be indicated for their players.

ENTRY FEE

Tournament Package 1- The package fee is EUR 190 which includes the entry fee, tournament T-Shirt, 2 nights hotel accommodation with breakfast, three lunches (Friday, Saturday and Sunday) and two dinners (Friday and Saturday).

Tournament Package 2 - The package fee is EUR 235 which includes the entry fee, tournament T-Shirt, 3 nights hotel accommodation with breakfast, three lunches (Friday, Saturday and Sunday) and two dinners (Friday and Saturday).

Tournament only EUR 45 (includes tournament T-Shirt).

Extra night in the hotel (including breakfast) EUR 45 per person per night.

Single room supplement EUR 30 per night.

The entry fee must be paid by bank transfer (net of bank charges) to:

FEDERAZIONE ITALIANA GIUOCO SQUASH

Viale Forlimpopoli, 5 - 47838 Riccione (Rn) - Italy

Account no: 0 0 0 0 0 1 2 3 3 1 2 7
IBAN: IT 13 F 05387 24100 000001233127
BIC / SWIFT: B P M O I T 22 X X X
Bank: Banca Popolare dell'Emilia-Romagna
Agenzia Viale Dante 80 - 47838 Riccione (Rn)
Payment Reference: Italian Junior Open 2008

Confirmation of payment to be received by Friday 30th May 2008

In the event of a withdrawal from the tournament, fees will be reimbursed as follows:

- Withdrawal up to 2 weeks before the start date: fees reimbursed in full (less bank charges).
- Withdrawal between 2 weeks and 2 days before the start date: 50% of fees reimbursed (less bank charges).
- Withdrawal 2 days or less before the start date: reimbursement at the discretion of the tournament organisers.

HOTEL

Hotel Fedora – Via Gabriele D'Annunzio, 112 – 47838 Riccione (Rn) Tel 0039 541 646492 – Fax 0039 541 643869. Reservation can only be made by the tournament organisers.



TRANSPORT Transport will be provided from Rimini Airport and Riccione train station for those taking up package. They will only be picked up if they notify the tournament organisers of their arrival times before Monday 19th May 2008.
Free transportation will be provided to / from Hotel and Squash Centre.

EYE GUARDS EYE GUARDS ARE MANDATORY!
All competitors must wear approved protective eye guards whilst practising and competing during the event. Players will not be allowed on court without approved eye protection.

ESF REGULATIONS

This tournament is part of the European Junior Circuit and will be run in accordance with the ESF Junior Circuit Guidelines, a copy of which is available on the ESF website www.europeansquash.com. All participating MNAs must make sure that all relevant people (including players, coaches and managers) are aware of the Guidelines and their requirements.

In accordance with the ESF Junior Guidelines, the following penalties will be applied as necessary:

E. 4.a) If a player makes a late withdrawal from a tournament (2 days or less before the start date), a doctor's certificate confirming injury/illness must be provided to avoid penalties. The medical certificate (with a translation in English) must clearly state the player's name, date of birth and the nature of the illness/injury; the certificate must cover the date of the relevant tournament and must be sent to the ESF office within two days after the final day of the tournament (email: esf@europeansquash.com; fax +44 1424 202463). Any player making a late withdrawal not supported by a medical certificate will receive zero points for the tournament which will count as one of their 4 best results for the rolling 12 month period and will be taken into account when dividing the points to obtain the ranking average. This penalty will be applied automatically unless the ESF office receives a doctor's certificate within two days of the final day of the tournament.

If a player commits this offence for a second time within a 12 month period, he/she will be banned from the ESF Junior Circuit for a period of 12 months.

E.4.b) If a player has entered a tournament and fails to turn up, he/she will receive zero ranking points for the tournament. These zero points will count as one of the player's 4 best results for the rolling 12 month period and will be taken into account when dividing the points to obtain the ranking average. This penalty will be applied automatically.

If a player commits this offence for a second time within a 12 month period, he/she will be banned from the ESF Junior Circuit for a period of 12 months.

E.4.c) If a player fails to play out all scheduled matches for any reason other than illness or injury, he/she will receive zero ranking points for the tournament. Illness or injury must be verified by the tournament director and, if possible, by medical certificate sent to the ESF office within two days of the final day of the tournament. If zero points are awarded, the points will count as one of the player's 4 best results for the rolling 12 month period and will be taken into account when dividing the points to obtain the ranking average. This penalty will be applied automatically.

If a player commits this offence for a second time within a 12 month period, he/she will be banned from the ESF Junior Circuit for a period of 12 months.

CLOSING DATE: MONDAY 19th MAY 2008





ITALIAN JUNIOR OPEN

ENTRY FORM



Full Name	B / G	Event	Date of Birth	National Ranking	Package 1 / 2 / No	Extra Night from to	Single Room

Name and details of National Federation and responsible person:

National Association: _____

Responsible Person / Coach: _____

Address: _____

Postal Address: _____

Phone: _____

Fax: _____

E-mail: _____

Date: _____

MNA Endorsement: _____

Signed: _____

PLEASE RETURN THIS FORM BY MONDAY, 19th MAY 2008 TO:

FEDERAZIONE ITALIANA GIUOCO SQUASH
 Viale Forlimpopoli, 5 - 47838 Riccione (Rn) - Italy
 Fax: +39 541 790994 email: info@federsquash.it





ITALIAN JUNIOR OPEN ACCOMMODATION DETAILS

Name	Arrival Date	Departure Date	Single or Twin Occupancy	Sharing with	Role (e.g. Player/ Manager/ Coach)

National Association

Contact Person

Telephone No. Email

Fax Mobile

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TRAVEL DETAILS

Indicate below your time (using 24hr clock i.e. 19.45)

Name	Arrival Date & Time	Rimini Airport / Riccione Railway St.	Departure Date & Time	Rimini Airport / Riccione Railway St.

National Association

Contact Person

Telephone No. Email

Fax Mobile

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ENDORSEMENT BY NATIONAL ASSOCIATION

Date

NAME AND DETAILS OF PERSON RESPONSIBLE

National Association:

Name:

Position:

Address:

Telephone No.

Fax No.

Email:

Signed

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