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ROZMARING- SPORTORSZÁG TROPHY
International Figure Skating Competition associated with
EUROPEAN CRITERIUM 2009/2010
Budapest, 03.- 07. March 2010

Organizer: **SC.ROZMARING-BUDAPEST and SPORTORSZÁG SC**
Phone: (36)-1-3-228-455 (8 AM-3 PM)
(36)-23-3-77776
Mobil: (36)-70-375-6316
Fax (36)-1-3-428-122
E-mail: selmecine.dr@pedagogusok.hu

Date: **03.03.2010.-07.03.2010.**

Place of competition: ICE CENTER (1048 Budapest, Homoktövis u.1)
www.icecenter.hu
Covered Ice Rink

The **HIGH PATRON** of the competition is

JUDIT GRIGA dr. director of Metallurgical Material Processing HUNGARY

Competition level: International competition is associated with European Criterium Tournaments 2009/2010 for Juniors and Youngsters' categories. Results of the Teams will count for competition of International Trophy of Figure Skating European Criterium.

Entries: All ISU members and clubs, members of National Figure Skating Federations associated with I.S.U., are invited to take part at the competition. Each member and club can enter 2 competitors in each category (2 males and 2 females). Organizing club takes right to enter more competitors. The number of competitors can be reduced in case of more than 30 entries in one category.

Deadline for entries: All entries (competitors, judges, team leaders, coaches, other attendants) are expected to be mailed recommended and received at organizer's address not later then by **February 25. 2010. If possible fax or e-mail entries are appreciated!**

Marika SELMECI-CSORDÁS dr.
2030.Érd Bihari.u.77. HUNGARY
Phone: 00/36/1/3-228-455
00/36/23/3-7777-6
mobil:00/36/70-375-6316
Fax: 00/36/1/3-428-122
E-mail: selmecine.dr@pedagogusok.hu

Charges: € (EURO) 35,- is to be paid for each competitor at the registration before the competition.
In cash only!

Categories: **JUNIORS**, age and requirements in accordance to I.S.U. Rules
Men and Ladies short program and free program

NOVICES, girls born in 1994 **NOVICES**, girls born in 1995
Short 2.50 min 50sec and free programs, 3min +/-10sec

NOVICES, boys born in 1994/95
Short 2.50 min 50sec and Free programs, 3min 30sec +/-10sec

DEBS, girls born in 1996 **DEBS**, girls born in 1997
Free programs, 3min +/-10 sec

DEBS, boys born in 1996/97
Free programs, 3min 30sec +/-10 sec

SPRINGS, girls born in 1998 **SPRINGS**, girls born in 1999
Free programs, 2min 30sec +/- 10 sec

SPRINGS, boys born in 1998/99
Free programs, 3min +/- 10 sec

CUBS, girls born in 2000 **CUBS**, girls born in 2001
Free programs, 2min +/- 10 sec

CUBS, boys born in 2000/2001
Free programs 2min 30sec +/- 10 sec

CHICKS, girls born in 2002 **CHICKS**, girls born in 2003 and younger
Free programs, 2min +/- 10 se

CHICKS, boys born 2002/03 and younger
Free programs, 2min +/- 10 sec

INTERPRETATIVE

Levels

- A) born 1998/99/2000
free program 2 min.(+/-10 sec.)
in the program are allowed only 2 single jumps not repeated and not combination
- B) born 1995/96/97
free program 2 min.(+/-10 sec.)
in the program are allowed Axel and only 3 single jumps not repeated and not combination
- C) born in 1994 and before
free program 2 min.30 sec.(+/-10 sec.)
in the program are allowed Axel and all single jumps not repeated and not combination

Attention: a program with other jumps mean disqualification of the athlete

Music: accept the vocal

Costumes: according to the interpretation of the music-theme

Objects: allowed if transported only by the athlete and if necessary for the Performance and not dangerous for the ice.

Judges panels and scores-three judges as following:

- judge only artistic value:jumps,spins,skating.
- Judge global value:global program
- Judge only coreographie-dance value:interpretation,posture,originality of program
- The score is only one each judge and the mark is minimum 0.0 and maximum 6.0
- Final result:majority position: in case of equal position,wins the best result in the interpretative value.

Expenses:

The organizer does not pay any expenses of the teams.

The organizers cover the costs of competition.

Each club covers the travel and living expenses for their competitors, team leaders, coaches and judges.

Judges: Each invited member or club which can enter one or more International Judge or Judge for I.S.U. Championships. Full board expenses in the **HOTEL RAMADA RESORT** www.ramadaresortbudapest.hu will be covered by organizer from dinner on March 03.2010. until lunch 08.March. 2010. or in the time when the Judge will judge.Written confirmation will be sent to each club by entries via fax,or e-mail

Music: Music will be reproduced from CD. CD must be labelled by names of competitors, club and category which they enter. CD must be delivered immediately after team's arrival to Organizing Committee Office.

Calculation of results: Results for groups CUBS to JUNIORS will be calculated in the new ISU Judging System. Results for groups CHICKS and INTERPRETATIVE will be calculated in accordance to I.S.U. Regulations 1998, Rules 353 to 357 (OBO- System).

Responsibility: In accordance to I.S.U. Regulations, Rule 119, all participants act on their own responsibility. Organizer will provide medical emergency aid during competition.

Awards: The first three best placed competitors in each event will be awarded by special presents, others by diplomas. The best placed team will be awarded by Cup.

ACCOMODATION:

The organizer gets very special prices at some hotels (see the following list). If you want the accommodation at this special price, it is necessary to mail or fax the enclosed hotel reservation form **till February 04. 2010.**

HOTELS:

HOTEL RAMADA RESORT

www.ramadaresortbudapest.hu

Hotel: 45,-EUR/person/day including

- + VAT and tourist tax
- + breakfast
- + spa, wellness,fitness
- + swimming pool, sauna, steam
- + wi-fi
- + parking
- + free bus transfer to center (Hősök tere)

For additional fee

- Dinner: 20,-EUR/person/day
- Aquaworld: 10,-EUR/person/day

Discount for Kids under 10 years:

- Hotel:** 40,-EUR/person/day including breakfast
- Dinner: 10,-EUR/person/day
 - Aquaworld: 5,-EUR/person/day

Please, together with the reservation make a payment in amount of EUR 50/person to the following account
 Sportorszag SC KFT
 1046 Budapest, Wesselenyi utca 16
 Bank: CIB BANK Budapest
 SWIFT:0007-454473-500
 IBAN: HU20 1070 0079 4544 73095000 0005

Upon arrival of the payment your hotel booking will be confirmed. Without payment reservation is not guaranteed.

Hotel cancellation free of charge before February 4, 2010, after we charge one night.

Payment of accommodation upon arrival to the registration office www.icecenter.hu (1048 Budapest, Homoktövis u.1) , accommodation against voucher Sportország SC Sportklub Kft.

Hotel is from Ice Rink 05. Minutes by car, 10. Minutes by walk.

Shuttle-bus service will not be provided!

HOTEL PÓLUS

Address: 1152.Budapest Stentmihályi út 131
Phone: 00-36-1- 410- 9600
Fax: 00-36-1- 410- 8078

Hotel is from Ice Rink 15. Minutes by car.

Shuttle-bus service will not be provided!

PRICES:

Single room	35 EUR/Night.	including breakfast,parking,tourist tax
Double room:	30 EUR/person/Night.	including breakfast, parking,tourist tax
3-bedded room:	30 EUR/person/Night.	including breakfast, parking,tourist tax

It is necessary to mail or fax the enclosed hotel reservation form **till February 04. 2010. at the latest exclusively to**

Marika SELMECI-CSORDÁS dr.
 H-2030.Érd.Bihari u.77.
 Hungary
 Fax: (36)-1-342-8122
 E-mail: selmecine.dr@pedagogusok.hu

Accommodation costs from HOTEL POLUS must be paid in Registration Office in ICE CENTER In cash only!

PENALTY FEE CANCELLATION DEADLINE IS ONE WEEK BEFORE THE DATE OF THE BOOKED ROOM! AFTER THE DEADLINE THE PRICE OF THE ROOM MUST BE PAID!

All the damages incurred at the Hotel will be the responsibility of the individual and must be paid prior to departure.

Others:

- 1) The Registration Office will be located at the ICE CENTER **opened every day at 09. am. - 21 pm.**
- 2) Participating teams should announce changes of their teams at latest immediately after their arrival.
- 3) For further information please contact :

Mrs.Marika SELMECI-CSORDÁS dr.
2030.Érd.Bihari u.77.
Phone: 00/36/1/3-228-455
00/36/23/3-77776
mobil:00/36/70/375-6316
Fax: 00/ 36/1/3-428-122
E-mail: selmecine.dr@pedagogusok.hu

See you in Budapest and accept our sincere regards !

Marika SELMECI-CSORDÁS dr.
Sect. Fig. Skating
SC ROZMARING
President of SPORTORSZÁG SC.

Otto KOVÁCS
President of SC. ROZMARING

PRELIMINARY TIMETABLE

**SC. ROZMARING – SPORTORSZÁG SC TROPHY-2010
INTERNATIONAL FIGURE SKATING COMPETITION
Budapest, 03. th March - 07. th March 2010.**

Wednesday 03. March 2010**14⁰⁰**

- Arrival of teams
- practice

19⁰⁰**Judges meeting****19³⁰****DRAW for Categories**

Cubs Boys
Debs Boys
Springs Boys
Novices Boys Short
Novices Girls Short
Junior Girls Short
Junior Boys Short

in ICE RINK**Thursday 04. March 2009.***Practice***6.00-7.00***Free skating***7.15**

Cubs Boys
Debs Boys
Springs Boys
Novices Boys Short
Novices Girls Short
Junior Girls Short
Junior Boys Short

Awarding for

Cubs Boys
Debs Boys
Springs Boys

DRAW for Categories

Springs Girls
Cubs Girls
Novices Boys Free
Novices Girls Free
Junior Girls Free
Junior Boys Free

Sunday 07. March 2010.

Practice

6.00-7.00

Free skating

7.15

Chicks Girls

Chicks Boys

Interpretative

Awarding for

Chicks Girls

Chicks Boys

Interpretative

Unfortunately because of the limited number of entries we have no more training facilities.

subject to change

The definite timetable will be sent to all entered clubs after deadline for entries.

We would be glad to see you in Budapest!

ENTRY FORM for SINGLE SKATING

Please mail or fax this entry form to the following address: **SC.ROZMARING BUDAPEST**
(deadline february 25. 2010) **2030.Érd.Bihari 77.**

Fax: + 36-1-3-428-122

E-mail: selmecine.dr@pedagogusok.hu

CLUB: _____

ADDRESS: _____

Phone, Fax, E-mail: _____

	SURNAME (LAST NAME)	FIRST NAME (GIVEN NAME)	DATE OF BIRTH
<u>JUNIORS:</u>			
Ladies: 1.	_____	_____	_____
2.	_____	_____	_____
Men: 1.	_____	_____	_____
2.	_____	_____	_____
<u>NOVICE:</u>			
Girls 1994: 1.	_____	_____	_____
2.	_____	_____	_____
Girls 1995: 1.	_____	_____	_____
2.	_____	_____	_____
Boys1994/95: 1.	_____	_____	_____
2.	_____	_____	_____
<u>DEBS:</u>			
Girls 1996: 1.	_____	_____	_____
2.	_____	_____	_____
Girls 1997: 1.	_____	_____	_____
2.	_____	_____	_____
Boys 1996/97: 1.	_____	_____	_____
2.	_____	_____	_____
<u>SPRINGS:</u>			
Girls 1998: 1.	_____	_____	_____
2.	_____	_____	_____

Girls 1999: 1. _____
2. _____

Boys 1998/99: 1. _____
2. _____

CUBS:

Girls 2000: 1. _____
2. _____

Girls 2001: 1. _____
2. _____

Boys 2000/2001: 1. _____
2. _____

CHICKS:

Girls 2002 1. _____
2. _____

Girls 2003
or younger 1. _____
2. _____

Boys 2002/2003
or younger 1. _____
2. _____

TEAMLEADER: Name: _____

JUDGE: Name: _____

Date and time of **JUDGES** arrival: _____ departure: _____

Please mail or fax this entry form to the following address: **SC.ROZMARING BUDAPEST**
(deadline februar 25, 2010) **2030.Érd.Bihari u.77.**

Fax: + 36-1-3-428-122

E-mail: selmecine.dr@pedagogusok.hu

FORMULAR FOR ELEMENTS

ISU Member or Club:
Category: Juniors <input type="checkbox"/> Novices <input type="checkbox"/>
Name and first name of competitor:

ELEMENTS:

	Elements SHORT program
1	
2	
3	
4	
5	
6	
7	
8	

	Elements FREE program
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	

Date: _____

Sign: _____

REGISTRATION FORM**HOTEL RAMADA RESORT** www.ramadaresortbudapest.hu

Please, complete this form and return with payment to Sportország by e-mail:

sportorszag@sportorszag.huselmeci.marika@sportorszag.huselmecine.dr@pedagogusok.hu

or fax: +3612321194

before February 2, 2010

Name:	Date of birth:
Club, country:	Address:
e-mail:	Phone:
HOTEL RESERVATION	
Hotel name: HOTEL RAMADA RESORT www.ramadaresortbudapest.hu	
Date of arrival:	
Date of departure:	
Name of person:	Date of birth:
1.	
2.	
3.	
4.	
5.	
6.	

Deposit wire transfer before February 1, 2010

To: Sportország SC Sportklub Kft.

CIB Bank

SWIFT:0007-454473-500

IBAN: HU20 1070 0079 4544 73095000 0005

Amount: 50,-EUR/person

Or Credit Card guarantee

 VISA / MASTERCARD

Name on card: _____

Card number: _____

Exp. Date: _____

Code: _____

Signature _____

HOTEL RESERVATION FORM**HOTEL POLUS**

Last Name (LAST NAME)	First Name (GIVEN NAME)	Arrival	Departure	Room Type

Please specify the number of rooms you need and for each room the dates of arrival and departure.

Room types: single room, double room, 3-bedded room

Club: _____

Responsible Contact Person: _____

Address: _____

Phone: _____ Fax: _____ E-mail : _____

Date: _____ Signature: _____

Please mail or fax this form to the following address (deadline February 04. 2010.):

SC.ROZMARING BUDAPEST
 Mrs.Marika SELMECI-CSORDÁS dr.
 2030.Érd.Bihari u.77.
 Fax: + 36-1-3-428-122
 E-mail: selmecine.dr@pedagogusok.hu