

ΚΥΠΡΙΑΚΗ ΟΜΟΣΠΟΝΔΙΑ ΤΟΞΟΒΟΛΙΑΣ

TAX. ΘΥΡΙΔΑ 23931, 1687 ΛΕΥΚΩΣΙΑ - ΚΥΠΡΟΣ
ΤΗΛ.: +357 22449896, ΦΑΞ.: +357 22449897
E-mail:cafkotox@cytanet.com.cy
www.archery.org.cy



CYPRUS ARCHERY FEDERATION

P.O.BOX 23931, 1687 NICOSIA - CYPRUS
TEL.: +357 22449896, FAX.: +357 22449897
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6/8/2014

INVITATION







To All FITA Member Associations

Dear President,

CYPRUS INTERNATIONAL ARCHERY CUP "APHRODITE 2014"

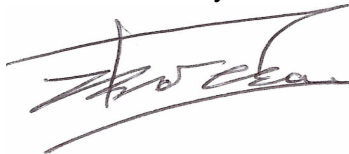
On behalf of the Organizing Committee of the Cyprus Archery Federation (CAF) we invite you to take part in the Cyprus International Archery Cup "APHRODITE 2014", which will be held 3 – 4 and 5 October 2014 in Limassol, CYPRUS.

Please, find enclosed the necessary documents concerning the registration, organization and participation for your team. We kindly ask you to reply within the stated deadlines:

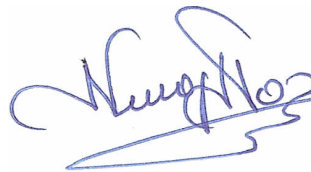
 Preliminary Program	
 Preliminary Entries	29/08/2014
 Preliminary Hotel Reservation Form	10/09/2014
 Budget Form and payment due	19/09/2014
 Final Hotel Reservation Form	21/09/2014
 Final Entries	12/09/2014

We are looking forward to welcome you in Limassol, CYPRUS.

Yours sincerely,



Kamarlingos Andreas
President



Nicolaou Polycarpus
Secretary

Sponsor:



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www.archery.org.cy**CYPRUS INTERNATIONAL ARCHERY CUP "APHRODITE 2014"****03 - 04 - 05 OCTOBER 2014****PRELIMINARY PROGRAM**

	Thursday 02/10/2014	Arrival of participants.
Day 1	Friday 03/10/2014	10:00 – 12.30 Training 15:00 – 17.45 Official Practice & Equipment Control 17.00 Team Captains Meeting 18.00 Opening Ceremony – On the Field
Day 2	Saturday 04/10/2013	09:00 – 09:30 Men and Women Warm - up (R/C) 09.35 Qualifications Round 2x70 m, 2x50 m Men and Women (R/C) 14.30 Practice Competition Team Elimination Rounds Team Final
Day 3	Sunday 05/10/2014	08:30 – 09:00 Men and Women Warm - up (R/C) 09.15 Individual Elimination Men and Women(R/C) 14.30 Final Rounds Award Ceremony – Closing Ceremony 20.00 Banquet
Day 4	Monday 06/10/2014	Departure of teams.

NOTE:

This preliminary program may change according to the number of participants. All changes of the program will be published and all the participants will be informed.

The practice field will be available from **2 October 2014**.

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CYPRUS INTERNATIONAL ARCHERY CUP "APHRODITE 2014"
03 - 04 - 05 OCTOBER 2014

PRELIMINARY ENTRY FORM

RETURN TO: CYPRUS ARCHERY FEDERATION
P. O. BOX: 23931 1687 NICOSIA – CYPRUS
TEL: 00357 - 22449896 FAX: 00357-22449897
-mail: cafkotox@cytanet.com.cy

RETURN AT LATEST: **29/08/2014**

NAME OF MEMBER ASSOCIATION

WE SHALL ENTER FOR THE INTERNATIONAL CUP yes no

NUMBER OF COMPETITORS

Recurve

Compound

MEN :

WOMEN:

NUMBER OF OFFICIALS: _____

Date:

Official Stamp

Signature

President / Secretary

CYPRUS INTERNATIONAL ARCHERY CUP "APHRODITE 2014"
03 - 04 - 05 OCTOBER 2014

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www.archery.org.cy**ACCOMMODATION & GENERAL INFORMATION**

The Official Hotel is EPISKOPINA HOTEL.

<http://www.episkopiana.com>

The room rates specified are per person per night, which includes service charge and VAT.

Transportation from/to Larnaka Airport is 30 Euros/per person

Transportation from/to Paphos Airport is 30 Euros/per person

Free shuttle service will be available from/to the EPISKOPIANA HOTEL - competition venue/practice venue/final venue.

Sunday, October 5 2014 Banquet: 20 Euros per person

HOTEL	Category	Price Single Room	Price Double	Price Triple
EPISKOPIANA H/B	3*	55.00 Euros	45.00 Euros	35.00 Euros

The rates are in Euro per person, per day, for full board add €10 per person.

Note: Please refer to the Accommodation pages below for detailed hotel information. Ensure that you complete all the necessary forms by the specified dates. For detailed payment instructions see below.

CYPRUS INTERNATIONAL ARCHERY CUP "APHRODITE 2014"**03 - 04 - 05 OCTOBER 2014**

Sponsor:



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PRELIMINARY HOTEL RESERVATION FORM

Country/Team from : _____

Hotel : _____

Arrival Date : _____ (DD/MM/YYYY)

Departure Date : _____ (DD/MM/YYYY)

Number of Rooms:

Single:

Double:

Triple:

Date : ____ / ____ / ____ (DD/MM/YYYY)

Signature President / Secretary General : _____

PLEASE RETURN THIS DOCUMENT by e-mail to:

Cyprus Archery Federation before 10/09/2014

Email address: cafkotox@cytanet.com.cy

Sponsor:



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TRANSPORTATION FORM

Country/Team from: _____

Number of passengers: _____ person/s

Arrival information

We will arrive by plane:

Airport: _____ Flight Nr: _____

Date: _____ (DD/MM/YYYY) Arrival Time: _____

We will arrive in Larnaka International Airport by: _____

Departure information

We will depart by plane:

Airport: _____ Flight Nr: _____

Date: _____ (DD/MM/YYYY) Departure Time: _____

We will depart from Larnaka International Airport by: _____

Date: _____ (DD/MM/YYYY)

Signature: _____

President / Secretary General MA: _____

PLEASE RETURN THIS DOCUMENT by e-mail to:

Cyprus Archery Federation before 19/09/2014

Email address: cafkotox@cytanet.com.cy

Sponsor:



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ENTRY FEES AND TRANSPORTATION FEES

Total entry fees and the total transportation fee will be paid to the LOC cash upon arrival at the accreditation desk or via bank transfer to the account number below:

Account name : 357011428806
Bank : Bank of Cyprus
Swift BIC : BCYPCY2N
IBAN : CY52002001950000357011428806

Note: Bank transfer fees and other charges will be bared by the applicnt/sender.

OFFICIAL ENTRY FEES :

Individual : 15 Euros/ per archer
Official : 10 Euros/ per official

TRANSPORTATION FEES:

Transportation fee is 30 Euros for all participants

IMPORTANT NOTICE FOR PARTICIPANTS WHO CHOOSE DIFFERENT HOTEL(S):

Participants that decide to book their own accommodation (in the official hotels not using the LOC or in other hotel: non-official one) will be charged **double entry fee**.

Teams that arrange different accommodation from the official one, will not be given any services outside the archery venue (1) and are responsible to obtain information on their own. Furthermore they have to register at the OC accreditation office latest the day before the official practice. If participants do not register the day before, no changes will be made to the entry list.

All participants are requested to stay in our official hotel for our logistics purposes.

Airport-hotel-airport transfers, shuttle services between hotels, elimination, practice and final venues WILL NOT be provided.

PAYMENT POLICY FOR ACCOMODATION

The 50% deposit of the total amount for the hotel accommodation should be paid until **19/09/2014**. The balance payment is due by **21/09/2014**.

A balance invoice will be issued after payment.

Payment for Bank Transfers

Account name : 357011428806
Bank : Bank of Cyprus
Swift BIC : BCYPCY2N
IBAN : CY52002001950000357011428806

Note: Bank transfer fee is under the sender's responsibility.

Sponsor:



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www.archery.org.cy**FINAL HOTEL RESERVATION & ENTRY FEE FORM**

Name of Member Association : _____

Country : _____

Contact Name : _____

Telephone : _____

Fax : _____

Address : _____

City : _____

Country : _____

E-mail : _____

Hotel Accommodation**ΕΠΙΣΚΟΠΙΑΝΑ HOTEL**

Single €55, in Double €45, in Triple €35 Per person

Please reserve the following:

_____ Single Room	From _____ to _____	2014
_____ Double Room	From _____ to _____	2014
_____ Triple Room	From _____ to _____	2014

_____ **TOTAL ROOMS****We require facilities for the handicapped.**

Please specify (names of participants and type of facilities):

Flight Details :

We will arrive/depart to/from Larnaka International Airport or We will arrive/depart to/ from Paphos International Airport. Please indicate _____

Date of Arrival _____ (DD/MM/YY)

Time _____ Flight _____

Date of Departure _____ (DD/MM/YY)

Time _____ Flight _____

ACCOMMODATION PAYMENT

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ROOM TYPE	NUMBER OF ROOMS	NIGHT S	RATE P/N	TOTAL RATE
Single _____	x _____	x _____	= _____	_____
Double _____	x _____	x _____	= _____	_____
Triple _____	x _____	x _____	= _____	_____
TOTAL ACCOMODATION AMOUNT				_____

ENTRY FEE PAYMENT

NUMBER OF PERSONS	ENTRY FEE (EUR)	TOTAL (EUR)
Athletes.....	x Euro 15 =	
Officials	x Euro 10 =	

There is no entry fee for teams.

TOTAL ENTRY FEE _____**Airport Transportation Fee**

Number of persons	Fee (Euro)	TOTAL (Euro)
_____	x Euro 30 = _____	

Banquet Participation

Number of persons	Fee (Euro)	TOTAL (Euro)
_____	x Euro 20 = _____	

TOTAL EVENT AMOUNT = _____**Method of Payment**

Total entry fees ransportation fees and banquet fees will be paid to the OC cash upon arrival at the accreditation desk or via bank transfer to the account number below:

