# ADAPTIVE INDOOR RACES

# Para Snowboard 2019





# **Invitation**

Landgraaf
The Netherlands
11 - 15 November
2019







### Contact information

		Address: Witte Wereld 1, Landgraaf		
Booking accommodation	Hotel SnowWorld Landgraaf	Phone: +31 45 5470760		
Lodging, tickets, food & beverage	2	E-mail: air@snowworld.com		

		Address: -				
Chief of Door	Magatila Coatalila	Phone: -				
Chief of Race	Martijn Oostdijk	E-mail:				
·						
		Address:				
MADAC Book Director		Phone:				
WPAS Race Director		E-mail:				
		Address:				
WDASTD		Phone:				
WPAS TD		E-mail:				
Do so Advisio istrator	Da a a Musus	Phone: 030 3077820				
Race Administrator	Paco Krom	E-mail: p.krom@wintersport.nl				
Rescue/	SnowWorld Landgraaf	Phone: +31 641219485				
Medical Service	Show world Landgraan	FIIUIIE. T31 041213463				
Team Captain's Meeting	Wintergarden	Address: Witte Wereld 1, SnowWorld				
ream captain 3 Wieeting	vviiitei gai aeii	Landgraaf				
Official Notice Board Location	Wintergarden					

T: +49 228 2097-200

Fax: +49 228 2097-209

E: info@worldparasnowboard.org







#### Rules

Rules:	WPAS Rule Book 2019/2020
Tranco.	W 7 10 Marc Book 2013/ 2020
Doping:	According to the IPC Doping Control Agreement
Participant Insurance:	Each NPC/NSF must ensure that all the members of their delegation are appropriately insured, including coverage for travel, liability and accidents. All delegation members must have appropriate accident and health insurance in order to race in international ski competitions. For more information please contact <a href="mailto:info@worldparasnowboard.org">info@worldparasnowboard.org</a>
Age Limit:	According to WPAS Rule 304
WPAS Point limit:	According to WPAS Rules
Race entry:	IPC Online Entry System
Race entry fee:	According to WPAS Rules and Regulations

### Booking prices

Final Payment for Accommodation Fees deadline	full = full	The race entry and accommodation fees are NOT REFUNDABLE							
SnowWorld Landgraaf	The city tax, €2,50 per person per night	4 pers. € 90,00	p.p.p.n.						
Hotel Lodging		3 pers. € 95,00	€ 95,00 p.p.p.n.						
	is not included in	2 pers. € 105,00	) p.p.p.n.						
	the rate.	1 pers. € 125,00	€ 125,00 p.p.p.n.						
* No accommodation needed? € 50,- for lift ticket, lunch and dinner per person									
Race entry fee:	€ 15,- p.p. per day	The organizers do not accepinjury/damage to persons/belongir							

#### Lodging payment

SnowWorld will send a down payment invoice of 75% of the total amount. We request that the amount is transferred to our bank account 14 days before check-in with the invoice number as reference. The other costs, after deduction of the prepayment, must be paid at the hotel reception upon arrival. If they do not receive your prepayment within this period, your option will be cancelled automatically.

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World Para Snowboard Adenauerallee 212-214 53113 Bonn, Germany www.worldparasnowboard.org







# Program

Sunday	From 15:00	Arrival	Hotel SnowWorld Landgraaf			
10.11.2019	20:00	Welcome Team captain meeting	Winter Garden			
	,					
		Classification				
Monday 11.11.2019	09:00 – 18.00	BSL Training				
	17:00	1 <sup>st</sup> TC meeting	Winter Garden			
	10:00	EC Banked Slalom	Slope 1			
Tuesday	After race	Prize giving ceremony	Slope 1			
12.11.2019	17:00	TC meeting	Winter Garden			
	10:00	World Cup Banked Slalom	Slope 1			
Wednesday	After race	Prize giving ceremony	310pe 1			
13.11.2019	17:00 TC meeting		Winter Garden			
	10:00 World Cup Banked Slalom		Clana 1			
Thursday 14.11.2019	After race	Prize giving ceremony	Slope 1			
Friday 15.11.2019		Departure				

Changes to the programme can be made by the Organization

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## Accommodation Request Form

					1090				
				Block letters	please!				
C	ompetition (Name/Place)						Date of Race		
	Name of Person Submitting Form						Contact mail		
NPC - NSF									
				COMPETIT	ORS:				
	Surname	Firstname	Male/ Female	Wheelchair User Y/N	Race entry (for race fee calculation)		Double Room	Arrival Date DD.MM.YYYY	Departure Date DD.MM.YYYY
					EC	wc			
1									
2									
3									

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11									
12									
				TEAM OFFI	CIALS:				
	_	Firstname	Male/ Female	Wheelchair User Y/N		Room Type		Arrival Date	Departure Date
	Surname					Single	e Double	DD.MM.YYYY	DD.MM.YYYY
						Room	Room		
1									
2									
3									
4									
5									
6									
			•			•			
NPC/NSF authorised person									