

Associazione Sportiva Dilettantistica  
Rugby Sub Milano  
c/o Assicurazioni HDI  
Via Valcava, 20, 20900 Monza (MB)  
[www.rugbysub.it](http://www.rugbysub.it) segreteria@rugbysub.it  
C.F. 94619820155



# Welcome to

## BERGAMO CUP 2015

### 2nd edition

5th and 6th of settembre 2015

## 1. Place

Piscina Italcementi  
Via dello Statuto, 43  
24128 Bergamo

## 2. Program

### Saturday 05/09/2015

08:00 Pool and Registration Opens  
08:30 Team Leader Meeting  
09:00 First Game  
18:30 End of Games  
20:00 Dinner

### Sunday 06/09/2015

08:30 First Game  
14:00 End of Games and Awards

## 3. Registration

- Every team has to send an informal request to the following address: [segreteria@rugby.it](mailto:segreteria@rugby.it) . We strongly encourage sending the request within **June 31st**.
- After acceptance from the organization, teams will have to send the participation request form and the proof of payment of the entry fee **ASAP. Only after receiving the proof of payment we will guarantee the participation of the team.**

[Digitare il testo]

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- The number of team will be around 12. The organising committee will evaluate the participation of some teams in order **to guarantee the maximum presence of teams from the trination league and a homogeneous playing level.**

#### **4. Spirit of the Bergamo Cup 2015 – TriNation League**

The Bergamo Cup 2015 will be organized as the second stage of the TriNation League. Therefore we will **divide the teams in two divisions** in order to keep up the challenge having a fewer number of games of higher level and longer time. The division will be a decision of the organizing committee.

The tournament is open to any team but **whoever is interested to participate must agree on those terms and spirit.**

The TriNation League is an open league based on teams from Suisse, Spain and Italy .



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## **5. Playing Schedule**

The playing schedule depends on the number of participating teams. A minimum of 4 matches per team is guaranteed.

The schedule will be decided to suit the spirit of the Bergamo Cup 2015, as described before.

Due to the tight schedule, it is essential that all teams and referees get ready before the previous match ends.

## **6. Rules**

UWR rules of CMAS will be applied.

Bench warmers may remain in the water. We will try to have changes out of the water though.

## **7. Entry fee**

The entry fee for each team is 180 €.

The amount has to be paid by bank transfer **only after acceptance.** **No refund is possible.**

Bank coordinates:

**Account Holder:** A.S. DILETTANTISTICA RUGBY SUB MILANO

**IBAN:** IT93L0200832640000101117546

**Bic/swift:** uncritm1244

**Bank Name:** UNICREDIT DI BRUGHERIO

Please indicate Team Name on the details of the bank transfer.

## **8. Accommodation**

**No camping in the pool.**

Please check our webpage (<http://www.rugbysub.it/bergamo-cup/>) for a list of accommodation.

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## 9. Dinner and party

Please complete the request form for the dinner and submit it to our staff on Saturday morning.

## 10. Exclusion of liability

Participation at this competition takes place at one's own risk. The hosting club could not be considered liable for any personal or material damages.

## 11. Referees and protest

Each Team has to produce two referees. In case they do not, they will pay a 50 euro fee. Written protest must be delivered in to the management of the tournament within 30 min after the current game is ended. Protest fee is € 50,00.

## 12. Weather

We do our best to make the tournament happens, but in case of **bad weather** we may have to interrupt or cancel the tournament. The organizer remains free to decide the cancellation. No refund will be possible.

## 13. Information and Contacts

Please feel free to write to [segreteria@rugbysub.it](mailto:segreteria@rugbysub.it) for information.

In case of need you can contact:

**Antoine** +39.348.518.4777

**Silvia** +39.339.105.9535

**Mickael** +39.348.532.6302

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## 14. Public transport

Website of the public transport company of Bergamo: <http://www.atb.bergamo.it>

## 15. Swimming pool position



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## Participation request form for BERGAMO CUP 2015

**After acceptance** complete and return this **PARTICIPATION FORM** to [segreteria@rugbysub.it](mailto:segreteria@rugbysub.it)

Team Name :	
Nationality :	
Number of players:	
Address:	

Team Coordinator:	
Email of Coordinator:	
Phone of Coordinator:	

Will take part to Saturday's dinner/party?	NO	YES
If yes, how many (approx.)		

Please attach the proof of payment of the entry fee.

Place and Date:

Signature of  
Team Coordinator

[Digitare il testo]

**It is necessary to present this document before entering the pool at the registration gate.**

## List of players

**TEAM NAME:**

Every participant must have a valid sports license, a valid medical certification and be a member of a sports association.

Player	Name	Valid Sport license number	Medical Certification expiration date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Competition participants declare to raise from any liability, related to their participation to the competition, all the organizations and members related to the competition. Each team coordinator certifies, under his responsibility, in respect of articles 46 and 47 of legislative decree 445 of 28/12/2000, to be in possession of all the medical certifications required by the law that attest required medical condition for the athletes registered to the competition. As substitute of the authenticated certification subscription, the registrant, under the legislative decree n. 445 of 28/12/200, attaches the photocopy of his identity document.

Place and Date:

Signature of  
Team Coordinator

[Digitare il testo]

It is necessary to present this document before entering the pool at the registration gate.

**DRAFT VERSION- CHECK FOR THE  
DEFINITIVE VERSION BEFORE SENDING**

**BERGAMO CUP**  
**DINNER REQUEST**

After the tournament you are invited to the Dinner organized at the Pool Restaurant.  
Start 19:00. Details soon.

**Price: € 20,00- 25,00**

Please let us know how many persons will participate

**Number of Person**

**DRAFT VERSION- CHECK FOR THE  
DEFINITIVE VERSION BEFORE SENDING**