



WORLD MASTERS MOUNTAIN RUNNING CHAMPIONSHIPS



APPLICATION FORM

Name of Federation			
Address:			
Telephone:		<i>e-mail:</i>	
<p>We hereby submit our application to stage the World Masters Mountain Running Championships (hereinafter called the "Championships") 20_____</p> <p>We declare that we have fully understood and agree to respect all clauses of the "Championships" Regulations and are prepared, together with the Local Organising Committee (LOC) to fulfil all the requirements and obligations therein.</p> <p>We have seen the Contract between WMRA, the OM and the LOC and agree to sign up to it.</p>			
Date:			
Signed by:			(Director or Gen. Sec. of the Federation – printed)
			Signature

NOTE:

- Please fill in the shadowed fields
- Hard copy of this Application should be sent to WMRA together with 3 signed copies of the "Contract". Documents should be sent also by e-mail.
- Please return the documents to the WMRA Secretary before 30 August 20____:

Pierre Weiss
 211 avenue de la Mer
 06320 La Turbie
 France
 e-mail: pierre@iaaf.org

WORLD MASTERS MOUNTAIN RUNNING CHAMPIONSHIPS 20____

Event data

1. VENUE:		Country:	
Int. airport:		Distance to the venue:	<i>Km</i>
Railway station:		Distance to the venue:	<i>Km</i>
COMMENTS:			

2. DATE of event:		Possible alternative date:	
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3. ORGANISER:				(name of the club)
Contact person - first	Name:		Address:	
	e-mail:			
	Phone:		Fax:	
Contact person - second	Name:		Address:	
	e-mail:			
	Phone:		Fax:	
Web site:				
COMMENTS:				

4. PROPOSED TIMETABLE (please correct the sample data – example for having all races on one day)		
Day	time	
Thursday	All day	WMRA/WMA officials arrive
Friday	All day	Athletes arrive. Early arrivals view course
Saturday	18:00 – 19:00	Opening Ceremony
Sunday		Races
	17:00 – 18:00	Award and closing ceremony
Monday	morning	Athletes depart
COMMENTS:		

5. COURSES			
5.1. Type of the course	<i>Mainly uphill</i>	<i>Up & downhill</i>	<i>(please sign)</i>
5.2. Course characteristics Up to 50 years			
Length	<i>km</i>		
Total ascent	<i>M</i>		
Total descent	<i>M</i>		
Start - location		Altitude:	<i>m</i>
Finish - location		Altitude:	<i>m</i>
Highest point - location		Altitude:	<i>m</i>
Lowest point - location		Altitude:	<i>m</i>
Terrain - asphalted road	<i>Km</i>		
- Macadam road	<i>Km</i>		
- 4WD road	<i>Km</i>		
- Meadow	<i>Km</i>		
- Mountain path	<i>Km</i>		
Attachment - map	YES	NO	
- 3D map	YES	NO	
- course profile	YES	NO	
COMMENTS:			
5.3. Course characteristics 55-79 years			
Length	<i>km</i>		
Total ascent	<i>M</i>		
Total descent	<i>M</i>		
Start - location		Altitude:	<i>m</i>
Finish - location		Altitude:	<i>m</i>
Highest point - location		Altitude:	<i>m</i>
Lowest point - location		Altitude:	<i>m</i>
Terrain - asphalted road	<i>Km</i>		
- Macadam road	<i>Km</i>		
- 4WD road	<i>Km</i>		
- Meadow	<i>Km</i>		
- Mountain path	<i>Km</i>		
Attachment - map	YES	NO	

- 3D map	YES	NO
- course profile	YES	NO
COMMENTS:		

6. TRANSPORT	
Arrangements for transfer from point of arrival (airport) to the venue	
Arrangements for transport in connection to the course (start – finish)	
COMMENTS:	

7. ACCOMODATION and FOOD			
Specify the proposed accommodation			
Cost (per night, breakfast included)			
Hotel – VIP*			€
Hotels – teams*			€
			€
			€
			€
* - please list some hotels that will be used (name of the hotel, web site address and distance to the venue)			
COMMENTS:			

8. MEDIA			
There will be a TV coverage	YES	NO	
If YES, please name the name of the TV station:			
What kind of TV coverage is planed - sign with "X" if planed	Local TV	national	international
Short report in the daily news			
Longer /30min/ report			
Direct coverage			

COMMENTS:	
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9. FINANCES (detailed budget could be attached)		
The event budget total is:		EUR / USD
Is it balanced?	YES	NO
Event budget attached	YES	NO
Letter of confirmation attached	YES	NO
Who will underwrite the event budget /Name, position		
COMMENTS:		

10. SPONSORSHIP	
Name any proposed major sponsorship deals and provide contractual details	
COMMENTS:	

11. LOCAL ORGANISING COMMITTEE – STRUCTURE	
Please name key positions in the LOC and the names of those persons (the list could be also attached)	
Position (typical positions, could be changed)	name
LOC president	
LOC director	
Race director	
Accommodation director	
Transportation director	
Medical director	
Media director	
Ceremonies director	
Accreditation director	
COMMENTS:	

12. INSURANCE			
Will you be able to obtain 3 rd part liability insurance for the event?		YES	NO
COMMENTS:			

13. VISA	
Attach the list of potential delegations participating to the WMRC classified in the three categories provided in the Regulations and give the information about delivery of the visas to those listed in cat 3	
COMMENTS:	

14. ANY OTHER COMMENTS

Attachments	1.	Course details (map, profile...)
	2.	Budget
	3.	Letter of confirmation
	4.	
	5.	
	6.	
	7.	
	8.	

We certify that this form has been completed truly and accurately to the best of our knowledge		
	LOC	MF
Date:		
Name:		
Position:		