

**To be sent to CMAS HQ at least 4 weeks after the end of the championship**

**Fax : + 39/06/32 11 05 95**

**Email : [spo@cmas.org](mailto:spo@cmas.org)**

Championship			
Discipline	Apnoea <input type="checkbox"/>	Hockey <input type="checkbox"/>	Finswimming <input type="checkbox"/>
	Spearfishing <input type="checkbox"/>	Photo <input type="checkbox"/>	Photo Pool <input type="checkbox"/>
	Sport Diving <input type="checkbox"/>	Aquathlon <input checked="" type="checkbox"/>	
			Finswimming LD <input type="checkbox"/>
			Rugby <input type="checkbox"/>
			Orienteering <input type="checkbox"/>
			Target shooting <input type="checkbox"/>
Name of the Championship	The IV-rd CMAS Aquathlon World Cup		
Name of the Federation	Eesti Allveeliit		
City / Country	Paldiski / Estonia		
Dates	From	29/01/2016	To
			31/01/2016

**1.- Have been provided the facilities for**

	YES	NO
(1) Visas facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Importation of required material	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) Currency Exchange	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4) Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5) Telecommunication	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**2. Safety measures**

**3. Equipment and room available**

**Secretariat work**

(1) Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Computer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) Photocopies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4) Phone	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5) Fax	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(6) Internet access	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Working rooms**

(1) President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Technical delegates	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) Judges	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Compressors**

**Medical / Doping control**

(1) Doctor's office	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) First Aid	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) Doping Control officeg	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4) Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5) Showers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(6) Phone	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Changing room teams**

(1) Massage tables	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Showers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Changing room Judges**

(1) Showers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Toilets	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Press room**

(1) Press room	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Phone	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) Fax	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Advertising**

(1) On the competition venue	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Name of the advertisers

(2) Into the competition zone	<input type="checkbox"/>	<input type="checkbox"/>
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Name of the advertisers

(3) Out of the competition zone	<input type="checkbox"/>	<input type="checkbox"/>
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Name of the advertisers

**TV Coverage: If YES**

Name of the channel

**Logo and CMAS flag**

(1) Flag at the venue	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Flag at the hotel	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) CMAS Logo on the programme	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4) CMAS logo on the official documents	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5) CMAS logo on press release	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Full board accommodation for**

(1) CMAS President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Commission President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) International Judge	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4) CMAS employee	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Hotels**

(1) Hotel ****		
(2) Hotel ***		
(3) Hotel **	V	
(4) Students lodging	V	

**Means of transport**

(1) Athletes and delegation	V	
(2) Judges	V	
(3) CMAS President		V
(4) Commission President		V
(5) International Judge	V	
(6) CMAS employee	V	

**Technical meeting**

(1) Held on	V	
(2) In	31/01/16	
(3) Translation	Estonia	
	V	

**Anti doping ( see enclosure )****Attendance**

(1) Nations	
(2) Athletes	
(3) Others	

**Opening Ceremony**

V

**Closing Ceremony**

V

**Medals Ceremony**

V

**Complaints**

V

**If YES, how much**

2

**New records**

V

Distance	Type	Category	Country

**Comments and Notes**

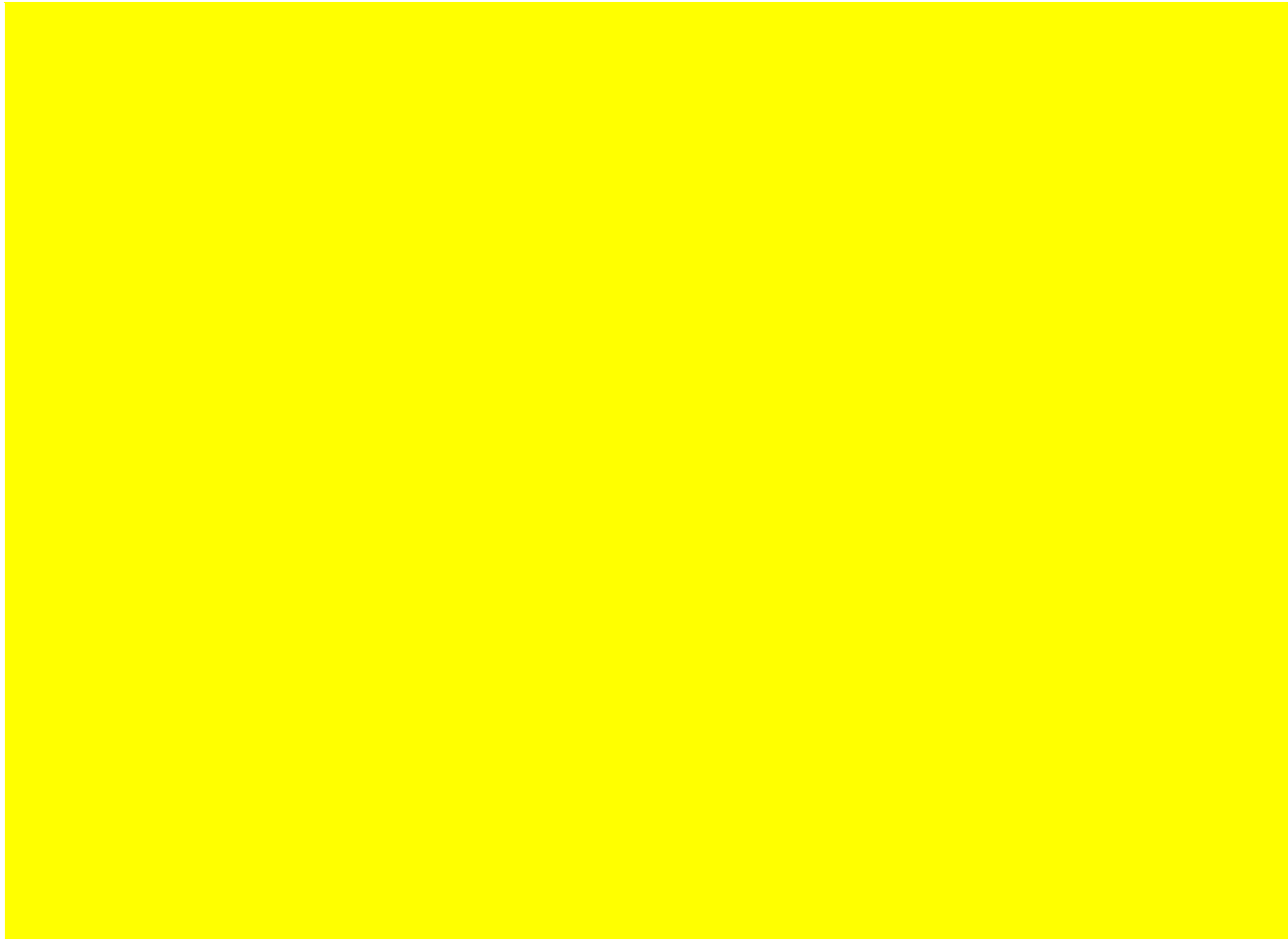
The competition was organized good; everything that we needed in the competition area were arranged on time and the competitors, athletes, and judges felt very comfortable during the competition.

The organizers made a very suitable schedule. The Aquathlon Competition took place in the 25m swimming pool. The depth was 4 m, so the hoops where putted on the depth 4 m.

Judges work in this race has been good. Protests were two and both were positive.

The organizers put an underwater camera that projected on the screen. The spectators could watch all underwater wrestling on the screen. There was one camera on surface, that helped to see which wrestler show his ribbon on the surface.

I would like say thank you to all the people.



<b>Date</b>	<b>Signature</b>	<b>Name and First Name</b>
10/08/2013		Boroday Vjacheslav