



## Host Expression of Interest “Application”

World Para Swimming World Series

19 January 2018

**International Paralympic Committee**

Adenauerallee 212-214 Tel. +49 228 2097-200  
53113 Bonn, Germany Fax +49 228 2097-209

[www.paralympic.org/swimming](http://www.paralympic.org/swimming)  
[info@worldparaswimming.org](mailto:info@worldparaswimming.org)

## Application,

### A) WHO

<b>A1. Please provide the name, title and contact details of the person responsible for the applicant organisation.</b>
Name of Applicant Organisation:
Name of Contact Person:
Title of Contact Person:
Address:
Postal Code:
City:
Country/Territory:
Telephone:
Fax:
Email:
Website:

<b>A2 Please provide a description of the mission and objectives of the applicant organisation.</b>

<b>A3 Please describe in detail the scope and level of experience that the applicant organisation has with organising international Para Swimming events.</b>
---



## B) WHAT

**B1 Please indicate the maximum number of athletes the applicant organisation could accept.**

--

**B2 Please indicate how many athletes the applicant organisation would expect to attend this competition.**

--

**B3 Please indicate if the applicant organisation wishes to stage an education course for technical officials or/and classifiers.**

Technical Officials(Please indicate the level of education course to be offered)

ITO

NTO(Please indicate the number of attendeesClick here to enter text.)

Classifiers

International Classifiers

National Classifiers (Please indicate the number of attendeesClick here to enter text.)

Coaching (Please indicate the number of attendeesClick here to enter text.)

**B4 Please indicate what impairment groups that the applicant organisation plans to offer International Classification at the World Para Swimming World Series.**

Visual Impairment (VI)

Intellectual Impairment (II)

Physical Impairment (PI)

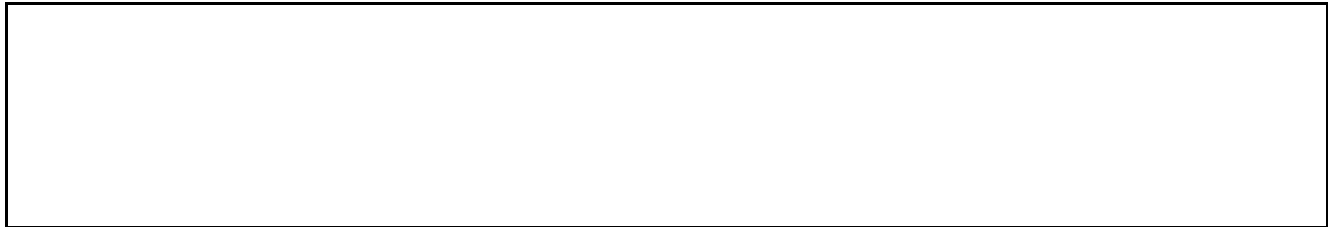
### C) WHERE AND WHEN

<b>C1 Please indicate the proposed Host City (Country).</b>

<b>C2 Please indicate the proposed dates for the World Para Swimming World Series Competition</b>		
<i>Activity</i>	<i>Start Date (DD-MM-YYYY)</i>	<i>Finish Date (DD-MM-YYYY)</i>
Education Course (Optional)		
Arrival Date		
Athletes Training Dates		
Classification Dates		
Competition Dates		
Departure Date		

<b>C3 Please indicate the number of years in which you wish to apply.</b>
<input type="checkbox"/> 2 years
<input type="checkbox"/> 4 years

<p><b>C4 Please provide general information on the proposed competition and training venue(s), including a description of the facilities and services available, venue diagrams, venue certification/homologation papers, brochures, etc.</b></p> <p>Please tick the box(es) to the document(s) has enclose with this application.</p> <p><input type="checkbox"/> Venue Diagrams/Maps</p> <p><input type="checkbox"/> Venue Certification/Homologation</p> <p><input type="checkbox"/> Brochures</p> <p><input type="checkbox"/> Others (Please indicate below)</p>
<b>C5 Please provide descriptions of the facilities and services available</b>



## D) GENERAL INFORMATION

D1 Please provide information on the international ports of entry for access to the Host City.

--

D2 Please indicate the distance between these international ports of entry and the competition venue.

--

D3 Please provide information on the means of ground transportation proposed for this Competition.

--

D4 Please provide an overview of the accommodation options, including their location, description of the facilities and services available, distance and time (kilometres and minutes) to the competition and training venue(s).

--

D5 Please indicate any existing relationships which could support promotion of the event. This could include any relationships with PR firms, specialised agencies, national or local organisations or a commercial partner. Please provide us the name and the kind of support you receive for the organisations.

--

**D6 Please provide examples of promotional materials (banners, posters, adverts, flyer etc.) from your past events.**

--

**D7 Please indicate all existing commercial relationships (including Value in Kind support) held by your organisation for this proposed competition.**

--

**D8 Please indicate any restrictions from existing partnerships, national legislations etc. that could impact the commercial programme. Please provide us with any category restrictions the LOC might have.**

--

**D9 Please provide pictures/videos from the last edition of the proposed competition. The image should provide an overview of the look of the venue, branding areas within the venue and spectators stands at the venue.**

--

**D10 Please indicate if the applicant organisation intends to provide broadcast coverage of this proposed competition. If so, what level?**



--

**D11 Please indicate any existing relationships with production companies, broadcasters etc. held by the applicant organisation.**

--

## E) GUARANTEES AND ENDORSEMENTS

E1 Please provide a letter from the host country/territory National Paralympic Committee endorsing the Host Expression of Interest Application for the World Para Swimming World Series

Letter attached Yes  No

E2 Please provide letters of support from the owner(s) of the venues and accommodation facilities to be used for the World Para Swimming World Series.

Letters attached Yes  No

## F) SIGNATURE OF HOST EXPRESSION OF INTEREST APPLICATION

F1 The applicant organisation hereby certifies that this Host Expression of Interest Application has been completed truly and accurately, to the best of its knowledge.

Signature	Title
Printed Name	Organisation Name
Place	Date

## G) ACCOMMODATION FACILITY MATRIX

<b>NAME</b>
<b>CATEGORY</b>
<b>PRICE RANGE</b>
<b>NUMBER OF ROOMS</b>
<b>NUMBER ACCESSIBLE ROOMS</b>
<b>DISTANCE</b> <ul style="list-style-type: none"> <li>▪ Airport</li> <li>▪ Train Station</li> <li>▪ Competition Venue(s)</li> <li>▪ Training Site</li> <li>▪ Other Accommodation Facilities</li> </ul>
<b>POPULATION</b>

**Name** – Please provide the name of each accommodation facility.

**Category** – Please specify each accommodation facility’s service rating in accordance with IPC Standards.

**Price Range** – Please provide the price for each type of room/single and double occupancy/ including breakfast and all taxes indicating the currency.

**Number of Rooms** - Please provide the total number of rooms available for each type of room/single and double occupancy.

**Number of Accessible Rooms** - Please provide from the total indicated, the number of accessible rooms available for each type of room/single and double occupancy.

**Distance** – Please specify the total distance in kilometres and minutes between each accommodation facility and the main international ports of entry, competition venue(s)..

**Population** – Please assign which population categories will be accommodated in one of the facilities. The populations include the following:

- Athletes and NPC Team Officials
- International Officials (Technical Officials and Classifiers)
- Media (broadcasting, journalists and photographers)