



**EUROPEAN CUP 2017**

**WORLD KYOKUSHIN BUDOKAI**

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EUROPEAN CUP 2017  
**KYOKUSHIN**  
BUDOKAI

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## INVITATION LETTER

Dear Hanshi, Shihan, Sensei, Sempai,

It is a pleasure for us to invite you to participate to the European Cup 2017 organized by World Kyokushin Budokai which would take place the **8th of April of 2017** in the sport center "Poliderportivo Marina Besòs" located in Sant Adrià del Besòs, in **Barcelona** (Catalonia, Spain).

For this reason and knowing your sport spirit of cooperation and participation, we count with the presence of your Organization or Dojo.

Thanks in advanced for your respect for this important event of our organization WKB.

With kind regards,

Osu!

Shihan Daniel Sánchez  
Branch Chief WKB



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## AGENDA

### FRIDAY

**18:00**

REGISTRATION and WEIGHTING

All competitors in the recommended hotel

### SATURDAY

**09:00**

PARADE of competitors and referees

HANSHI PEDRO ROIZ SPEACH, WKB president

**10:00**

JUVENILE TOURNAMENT (12-13 years)

CADET TOURNAMENT (14-15 years)

JUNIOR TOURNAMENT (16-17 years)

SENIOR TOURNAMENT (+18 AÑOS)

- KATAS – Preliminaries
- KUMITE – Preliminaries

**13:30**

BREAK and LUNCH

**15:30**

SENIOR TOURNAMENT

- KATAS - Semifinals and finals
- KUMITE – Semifinals and finals

**19:30**

AWARDS CEREMONY FOR ALL CATEGORIES



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## REGISTRATION and RESEREVATIONS

### REGISTRATIONS

The registration fee to participate in the championship, for each competitor is:

- **Katas: 35 €.**
- **Kumite: 35 €.**
- **Katas and Kumite: 45 €.**

The **pre-registration** will be done via e-mail to [wkb@dojosabadell.com](mailto:wkb@dojosabadell.com), until the **10th of March of 2017** as maximum.

The payment can be done by money income on the bank account from below, or by cash during the weighting.



For: [wkb@dojosabadell.com](mailto:wkb@dojosabadell.com)

Subject: **INSCRIPCIÓN EUROPEAN CUP WKB**

Message:

**NAME and SURNAMES, DOJO and ORGANIZATION**

Xxx Xxxxxx Xxxxxxxx

**DNI/ID CARD NUMBER or PASSPORT**

X-xxxxxxxx-X

**PAYMENT**

*(Write only the payment option selected, delete the other option)*

A) By cash during the weighting.

B) Attach the receipt of the money income or transfer of XX € (35€/registration) to the bank account::

IBAN: ES42 0081 0433 5100 0113 3415 / BIC: BSAB ESBB

On the payment reference it has to appear the following information:

NAME SURNAME and NUMBER OF REGISTRATIONS (*Example: RUT BLAZQUEZ 20 REGISTRATIONS*)

**ATTACH REGISTRATION FORM and COMPETITOR'S RESPONSABILITY LETTER / PARENTAL AUTHORIZATION**



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## TICKETS

The cost of the **ticket** is **12 €** in the ticket office.

The cost of the **anticipated ticket** is **12 €** (sending attached e-mail, filling the XXX fields and also attaching the payment receipt to [wkb@dojosabadell.com](mailto:wkb@dojosabadell.com) before the **5<sup>th</sup> of April of 2017** as maximum).



For: [wkb@dojosabadell.com](mailto:wkb@dojosabadell.com)

Subject: **ANTICIPATED TICKET**

Message:

**NAME and SURNAMES, DOJO and ORGANIZATION**

Xxx Xxxxxx Xxxxxxxxx

**DNI/ID CARD NUMBER or PASSPORT**

X-xxxxxxxx-X

**NUMBER OF TICKETS**

I would like to book XX anticipated tickets for the European Cup 2017 WKB.

**PAYMENT**

Attach the receipt of the money income or transfer of XX € (12€/ticket) to the bank account:

IBAN: ES42 0081 0433 5100 0113 3415 / BIC: BSAB ESBB

On the payment reference it has to appear the following information:

NAME SURNAME and NUMBER OF TICKETS (*Example: RUT BLAZQUEZ 20 TICKETS*)



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### SAYONARA PARTY

The cost of the party at the end of the Tournament, **Sayonara Party**, is **35 €**.

The dinner-buffet and the party will take place in the **Hotel Barcelona Princess\*\*\*\***.

Is mandatory to **book** a seat, sending the following e-mail attached to [wkb@dojosabadell.com](mailto:wkb@dojosabadell.com) before the **5<sup>th</sup> of April of 2017** as maximum.

The payment can be done by money income on the bank account from below, or by cash during the weighting.



For: [wkb@dojosabadell.com](mailto:wkb@dojosabadell.com)

Subject: **SAYONARA PARTY**

Message:

**NAME and SURNAMES, DOJO and ORGANIZATION**

Xxx Xxxxxx Xxxxxxxxx

**DNI/ID CARD NUMBER or PASSPORT**

X-xxxxxxxx-X

**NUMBER OF SEATS**

I would like to book *XX* seats for the Sayonara Party of WKB.

**PAYMENT**

*(Write only the payment option selected, delete the other option)*

A) By cash during the weighting.

B) Attach the receipt of the money income or transfer of *XX* € (35€/registration) to the bank account::

IBAN: ES42 0081 0433 5100 0113 3415 / BIC: BSAB ESBB

On the payment reference it has to appear the following information:

NAME SURNAME and NUMBER OF SEATS *(Example: RUT BLAZQUEZ 20 SAYONARA)*



## RULES and SAFETY

### MEDICAL SERVICE

It will be hired a Preventive Health Service that will remain without interruption in the sport center during all the tournament. It will include:

- Ambulance service
- Doctor
- Paramedic
- Driver

### FIGHTING TIME

TATAMI 1, in the middle

TATAMI 2, on the left

TATAMI 3, on the right

- Juvenile category (12-13 años)
- Cadet category (14-15 años)
- Junior category (16-17 años)

Preliminaries: 2' - Mandatory Decision

Semifinals and finals: 2' - 2' – Mandatory Decision

- Senior category

Light weight

Middleweight

Heavy weight

Preliminaries: 3' – Mandatory Decision

Semifinals and finals: 3' - 2' – Weight difference - 2' – Mandatory Decision

### ARBITRATION RULES

*(See Arbitration Rules WKB attached)*





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## INFORMATION and TOURNAMENT LOCATION

### CONTACT INFORMATION

Shihan Daniel Sánchez Rodríguez, Phone number: 661 514 648

Rut Blázquez Casanova, Phone number: 617 486 099

Laia Graells Hidalgo, Phone number: +34 655 756 380 (English)

wkb@dojosabadell.com

### LOCATION

Sport center: **Complex Esportiu Marina Besòs**

Adress: Dolores Ibarruri, s/n, 08930 Sant Adrià de Besòs, Barcelona

Phone number: 934 62 22 54



Renfe



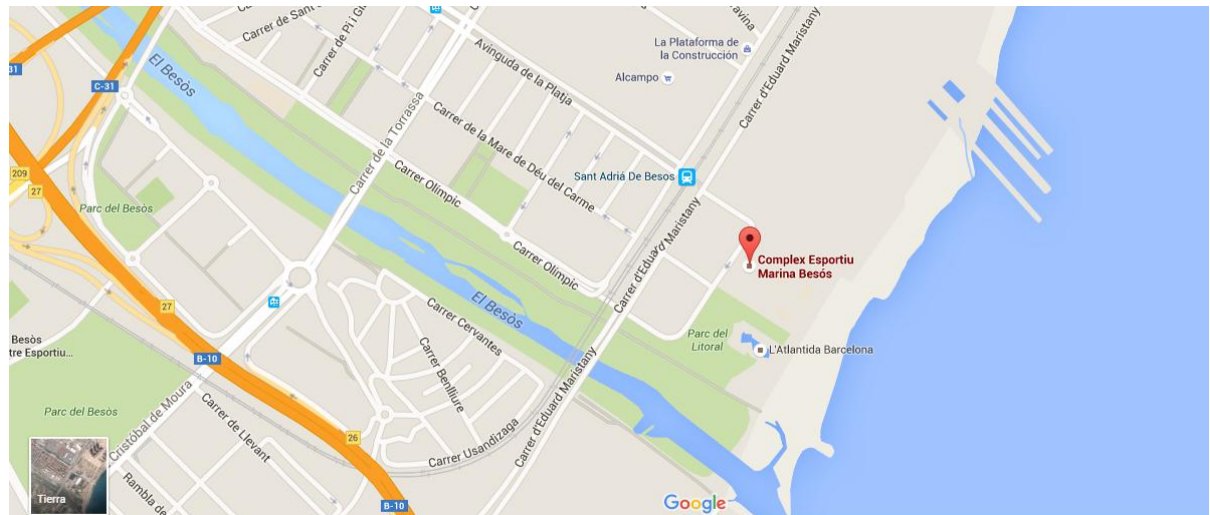
R1 Sant Adrià del Besòs



Tranvia

T4 Ciutadella | Vila Olímpica - Esció de Sant Adrià

T6 Glòries - Estació de Sant Adrià







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**BARCELONA METROPOLITAN TRANSPORTS MAP**

