Please complete and submit this form via email to competition.teqball@fiteq.org. Please note incomplete or handwritten applications may not be accepted.

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| **EVENT DETAILS** |
| Event Type | National Challenger Series |
| Event location (country) | Click or tap here to enter text. |
| Proposed date/s and locations:Round 1 (phase 1) | FROM Click or tap to enter proposed first day of competition. UNTIL Click or tap to enter proposed last day of competition.City: Click or tap here to enter text. |
| Round 2 (phase 1) | FROM Click or tap to enter proposed first day of competition. UNTIL Click or tap to enter proposed last day of competition.City: Click or tap here to enter text. |
| Round 3 (phase 2) | FROM Click or tap to enter proposed first day of competition. UNTIL Click or tap to enter proposed last day of competition.City: Click or tap here to enter text. |
| Round 4 (phase 2) | FROM Click or tap to enter proposed first day of competition. UNTIL Click or tap to enter proposed last day of competition.City: Click or tap here to enter text. |
| **GENERAL INFORMATION** |
| Previous events held in host city or nation | Please list all national or international tournaments.  |
| **VENUE #1 INFORMATION** |
| Venue location | Click or tap here to enter text. |
| Venue type | Select venue type. |
| Size of playing area (field of play) | Insert length metres x Insert width metres  |
| Height of ceiling at lowest point above field of play | Insert ceiling height (indoor venues only). metres |
| Proposed number of competition courts (12 m x 16 m) | Please insert the proposed number of competition courts. COURTS MUST BE 12 M X 16 M! |
| Playing surface | Please describe the proposed playing surface. |
| Air conditioning (indoor venues only) | Please select.  |
| Number of available changing rooms | Male: Insert number. Female: Insert number. |
| Equipped and staffed medical room available | Please select. |
| Audio visual provision | Please provide details of available technology e.g. PA system, videoboards/screens. |
| **VENUE #2 INFORMATION** |
| Venue location | Click or tap here to enter text. |
| Venue type | Select venue type. |
| Size of playing area (field of play) | Insert length metres x Insert width metres  |
| Height of ceiling at lowest point above field of play | Insert ceiling height (indoor venues only). metres |
| Proposed number of competition courts (12 m x 16 m) | Please insert the proposed number of competition courts. COURTS MUST BE 12 M X 16 M! |
| Playing surface | Please describe the proposed playing surface. |
| Air conditioning (indoor venues only) | Please select.  |
| Number of available changing rooms | Male: Insert number. Female: Insert number. |
| Equipped and staffed medical room available | Please select. |
| Audio visual provision | Please provide details of available technology e.g. PA system, videoboards/screens. |
| **COMPETITION DETAILS** |
| Proposed event(s) | [ ]  Singles [ ]  Doubles [ ]  Mixed Doubles |
| Contact personemail address | Click or tap here to enter text.Click or tap here to enter text. |
| Tournament format  | Group stage YesKnockout stage Yes |
| Number of teqball tables  | Competition Number of tablesWarm-up Number of tables |
| Balls | Please indicate the number and type of balls to be used |
| Field of play barriers | FITEQ branded Please select |
| Results Management | RankedIn is optional to be used Use of Teqball results file is mandatory to be used Live scoring is mandatory |
| Scoring system | Please select If other, please provide details  |
| Local referees | Please list the total number of referees, number of FITEQ certified referees and the level of certification. |
| **MEDIA** |
| Livestreaming | Please select |

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| **CEREMONIES & PROTOCOL** |
| Official draw | The draw is to be prepared by FITEQ upon the entries received on the official website by the entry deadline. |
| **MEDICAL ASSISTANCE** |
| Medical assistance is mandatoryType of medical assistance | Please provide the type of medical supervision available during the competition |
| Availability of medical assistance | Please indicate the working hours/availability of the medical staff |
| **OTHER INFORMATION** |
| Supporting Information(max 1000 word) | Please provide any other information in support of your application e.g. reasons for wanting to host the events – goals. |