



WORLDS OPTIMIST CLINIC

20-24 MAY 2020



**COACH: MARCELLO MERINGOLO (COACH ITALIAN
OPTIMIST TEAM 3X WORLD CHAMPIONSHIP IN A ROW)**



PROGRAM 20 MAY

13:00h BRIEFING

14:00h SAILING WITH ORA

18:00h DEBRIEFING

PROGRAM FROM 21 TO 23 MAY

8:30 SAILING WITH PELER

11:30 DEBRIEFING

13:30 SAILING WITH ORA

17:30 DEBRIEFING

PROGRAM FROM 24 MAY

8:30 SAILING WITH PELER

14:00 DEBRIEFING

15:00 CLOSING

TARGET:

FOCUSING ON THE LAKE GARDA TYPICAL RACING CONDITIONS, TECHNICAL SAILING, IMPROVING CONCENTRATION ON THE WATER, VIDEO ANALYSIS WITH TARGETED FEEDBACK.

COST:

- PARTICIPATING COST, INCLUDING ACCOMODATION, BREAKFAST-LUNCH-DINNER 550 EURO
- PARTICIPATION COST WITHOUT ACCOMODATION, BREAKFAST-LUNCH-DINNER 300 EURO

EQUIPMENT:

REMEMBER TO BRING GYM CLOTHES.

CHARTER BOATS 50 EURO PER DAY

BOOKING:

EMAIL ADDRESS info@fragliavelariva.it



Costi e Servizi:

Pacchetto N° 1: Servizio Completo (Pernottamento, pasti coaching) 550,00 euro –

Pacchetto N° 2: Coaching 300,00 euro

Servizi extra:

- Barca charter 50 euro al giorno

Inviare il presente modulo di iscrizione all'indirizzo mail: info@fragliavelariva.it

Siete pregati di inviare il bonifico alle seguenti coordinate bancarie:

BANCA:

CASSA RURALE ALTO GARDA

Filiale Riva del Garda

Via Damiano Chiesa

IBAN: IT46T0801635320000002300403

Bic/Swift Code: CCRTIT2T04A

E' obbligatorio essere in regola con il tesseramento FIV 2020 con visita medica valida, Tessera AICO e assicurazione.

Modulo di Adesione

Nome:

Cognome:

Data di nascita:

Mail genitore:

Tel. Genitore:

Esperienza Atletica: - Livello Regate Zonali - Livello Regate Nazionali - Livello Regate Internazionali

Pacchetto scelto N°

(allegare distinta bonifico))

Servizi:

☐ Barca charter 50 euro al giorno

Firma genitore



Price and services:

Package N° 1: Full services (Hotel room, Meal, Coaching) 550,00 euro –

Package N° 2: Coaching 300,00 euro

Extra:

- Charter boat 50 euro per day

Please send this registration form to: info@fragliavelariva.it

The payment can be made via bank transfer:

BANK:

CASSA RURALE ALTO GARDA

Filiale Riva del Garda

Via Damiano Chiesa

IBAN: IT46T0801635320000002300403

Bic/Swift Code: CCRTIT2T04A

All boats must have a valid insurance.

Registration form

Name:

Family name:

Date of birth:

Parents mail:

Parents phone number:

Sailor experience: - National regatta – International regatta

Package N°

(Please attach the bank transfer confirmation)

Extra:

☐ Charter boat 50 euro per day

Parents Signature