



## **Invitation IBSA Goalball Referees Clinic**

Dear Goalball Referees,

We are happy to inform you that European Goalball Club Association (EGCA) has nominated IONAS GC to organize one of the EGCA Grand Prix 2025 Stages in the city of Athens, Greece, between 9th-11th May 2025. Additionally, we will host a clinic for Level 1 & 2 IBSA referees this year. You'll have the possibility to renew your current IBSA level around the Grand Prix tournament.

The clinic will take place between May 7<sup>th</sup> and 10<sup>th</sup>. You'll be provided with accommodation and meals for the clinic and tournament as well as transport from and to the Athens International Airport.

### **Facts**

Date	May 7 <sup>th</sup> to 11 <sup>th</sup>
Place	Athens (Greece)
Course conductor	Mr. Bülent Kimyon
Levels	I and II

Referees doing their **Level II** clinic will get a higher priority.

### **Entry Fees**

**350,00€** per person for the entire period (includes organization fees and accommodation in a **double room** for 4 nights, starting from Wednesday, May 7th).

**550,00€** per person for the entire period (includes organization fees and accommodation in a **single room** for 4 nights, starting from Tuesday, May 7th).

Any additional night: **95,00€** per person per night.

### **Schedule**

May 7 <sup>th</sup>	Arrival day and dinner
May 8 <sup>th</sup>	Theory course and written tests
May 9 <sup>th</sup> -11 <sup>th</sup>	Grand Prix tournament
May 11 <sup>th</sup>	Departure day

There is only a limited amount of spots available. If you're looking to participate please fill out the registration forms attached and send it to [ionasgoalballclub@gmail.com](mailto:ionasgoalballclub@gmail.com).

### **Entry deadline April 11, 2025**

For questions, please reach out to [ionasgoalballclub@gmail.com](mailto:ionasgoalballclub@gmail.com).

### **PAYMENTS**

50% of the total amount must be paid to the following bank account by April 9th.

BANK DEPOSIT DETAILS

BENEFICIARY: IONAS-TMIMA THERAPEFTIKIS AGOGIS KAI PARATH

BANK NAME: PIRAEUS BANK

DEPOSIT NUMBER: GR84 0171 7300 0067 3016 7104 355

BIC: PIRBGRAA

EXPLANATION OF THE DEPOSIT: NAME



**Entry Form**  
**Goalball Referees Clinic Athens**

Family name	
First name	
Postal address for invoice	
E-Mail	
Phone number	
Double or single room?	
Date of birth	
Country	
Current IBSA level	I II III
Course for level	I II III

Please send the entry form back to [ionasgoalballclub@gmail.com](mailto:ionasgoalballclub@gmail.com) until April 9, 2025.