

Requirements Catalogue for Hosting IBSA Sanctioned Goalball Tournaments

Version 1.0

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This catalogue serves as a framework for potential LOCs to demonstrate their suitability and planned measures to host IBSA Goalball tournaments. Please complete the relevant fields and add any additional information as needed. Please send this form with the Financial Plan and IBSA Competition – Application and Contract Sanction Approval form to goalball@ibsasport.org.

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# Venue and Infrastructure

## Competition Venue 1:

|  |  |
| --- | --- |
| * Name:
 |       |
| * Seating capacity of the main competition venue:
 |       |
| * Number of locker rooms (at least 4):
 |       |
| * Additional training halls available:(Teams must have the option to throw in that area, ideal is a full-size goalball court.) (provide pictures)
 | Yes [ ]  / No [ ]  |
|  |
| * Size of playing areas according to IBSA rules (minimum 30m x 22m):
 |       x       |
| * Type of flooring (e.g., wood, PVC):
 |       |

### Technical Equipment:

|  |  |
| --- | --- |
| * Scoreboards (provide pictures):
 | Yes [ ]  / No [ ]  |
|  |
| * Audio systems for game announcements:
 | Yes [ ]  / No [ ]  |
| * Lighting level in the hall (lux rating):
 |       |
| * Accessible entrances and facilities available:
 | Yes [ ]  / No [ ]  |
| * Emergency and safety plans in place:
 | Yes [ ]  / No [ ]  |
| (Be prepared to provide detailed emergency and safety plans if awarded the event.) |
|  |  |

## Competition Venue 2 (if needed):

|  |  |
| --- | --- |
| * Name:
 |       |
| * Seating capacity of the main competition venue:
 |       |
| * Number of locker rooms (at least 4):
 |       |
| * Additional training halls available:(Teams must have the option to throw in that area, ideal is a full-size goalball court.) (provide pictures)
 | Yes [ ]  / No [ ]  |
|  |
| * Size of playing areas according to IBSA rules (minimum 30m x 22m):
 |       x       |
| * Type of flooring (e.g., wood, PVC):
 |       |

### Technical Equipment:

|  |  |
| --- | --- |
| * Scoreboard available (provide pictures):
 | Yes [ ]  / No [ ]  |
|  |
| * Audio systems for game announcements:
 | Yes [ ]  / No [ ]  |
| * Lighting level in the hall (lux rating):
 |       |
| * Accessible entrances and facilities available:
 | Yes [ ]  / No [ ]  |
| * Emergency and safety plans in place
 | Yes [ ]  / No [ ]  |
| (Be prepared to provide detailed emergency and safety plans if awarded the event.) |
|  |  |

# Logistics and Transportation

## Airport Connection:

|  |  |
| --- | --- |
| * Name of the nearest international airport:
 |       |
| * Distance from the airport to accommodations: (in km, maximum 100 km or 1.5 h)
 |       km |
| * Travel time from the airport to accommodations (in minutes):
 |       min |

### Local Transfers:

|  |  |
| --- | --- |
| * Will transfers between accommodations, competition venues, and training halls be provided:
 | Yes [ ]  / No [ ]  |
| * Number of buses/transport vehicles provided:
 |       |
|  |  |

# Accommodation and Catering

## Accommodation for teams:

|  |  |
| --- | --- |
| * Hotel name:
 |       |
| * Hotel categories (e.g., 3\*, 4\*, 5\*):
 |       |
| * Distance from hotels to competition venues (in km):
 |       km |
| * Hotel capacity (number of rooms):
 |       |
| * Are twin rooms available:
 | Yes [ ]  / No [ ]  |
| * If Yes, how many:
 |       |

## Accommodation for officials (including referees):

Requirements state that accommodations for tournament officials must be different from team accommodations.

|  |  |
| --- | --- |
| * Hotel name:
 |       |
| * Hotel categories (e.g., 3\*, 4\*, 5\*):
 |       |
| * Distance from hotels to competition venues (in km):
 |       km |
| * Hotel capacity (number of rooms):
 |       |
| * Are twin rooms available:
 | Yes [ ]  / No [ ]  |
| * If Yes, how many:
 |       |

## Catering:

|  |  |
| --- | --- |
| * Number of daily meals provided (minimum 3 per day):
 |       |
| * Ability to meet special dietary needs:
 | Yes [ ]  / No [ ]  |
| [ ]  Vegetarian | [ ]  Vegan | [ ]  Halal | [ ]  Kosher |
| * Where will breakfast be provided:
 | Hotel [ ]  / Venue [ ]  |
| * Where will lunch be provided:
 | Hotel [ ]  / Venue [ ]  |
| * Where will dinner be provided:
 | Hotel [ ]  / Venue [ ]  |
|  |  |

# Technical Requirements and Tournament Management

## Doping Control:

|  |  |
| --- | --- |
| * Facilities for doping control available:
 | Yes [ ]  / No [ ]  |
| * If Yes, list exact location and details of facilities (provide pictures):
 |  |
|  |       |
|  |

## Referees and Officials:

|  |  |
| --- | --- |
| * Meeting rooms for IBSA meetings available at the venue:
 | Yes [ ]  / No [ ]  |
| * Number of volunteers:
 |       |

## Livestreaming and Media:

|  |  |
| --- | --- |
| * Livestreaming capabilities available:
 | Yes [ ]  / No [ ]  |
| [ ]  A minimum of 3 camera perspectives |       |
| [ ]  Main camera must be a moving camera |       |
| [ ]  Replays and graphics required |       |
| [ ]  Option for highlight clips |       |
| * Budget for livestreaming (including English audio description):
 |       |
| * Professional photographer available:
 | Yes [ ]  / No [ ]  |
| * Media and press areas prepared:
 | Yes [ ]  / No [ ]  |
| * Wi-Fi access in the venue:
 | Yes [ ]  / No [ ]  |
| * Hosts have the option to work with an IBSA partner for the broadcasting and/or the photographer.
* The LOC must cover the costs.
* If the suggested broadcast does not reach IBSA minimum standards, the LOC must adapt their plans or must work with IBSA´s partner.
 |

# Budget and Financial Planning

## Revenue and Expenditure:

Please include a detailed financial plan with the application documents. The financial plan must list all expenses and revenues. Use the Financial Plan Template provided by the IBSA Goalball Sport Committee.

## Participation Fees:

|  |  |
| --- | --- |
| * Entry fee per person per day:
 |       |
| * Additional fees for single rooms:
 |       |
|  |  |

# Schedule and Organization

## Event Period:

|  |  |
| --- | --- |
| * Proposed dates:
 | Date |
| * Arrival date:
 | Date |
| * Departure date:
 | Date |
| * Classification date:
 | Date |
| * Training dates:
 | Date |
| * Competition dates:
 | Date |
| * Duration of the tournament (in days):
 |     days |
| * Please note: the days listed below are the minimum requirement and include arrival and depature days. For World Championships, the number of days is the maximum allowed.
* World Championships: 11 days
 |
| * Africa Championships: 7 days
 |
| * Americas Championships: 10 days
 |
| * Asia/Pacific Championships: 9 days
 |
| * European Championships: 11 days
 |
|  |  |

## Organizational Structure:

|  |  |
| --- | --- |
| * Number of planned LOC members:
 |       |
| * Contact person for the organizing committee:
 |  |
| * Name:
 |       |
| * E-Mail:
 |       |
|  |  |

# Medical

## Medical Provider:

|  |  |
| --- | --- |
| Please provide details of the medical provider covering the event. |  |
| * Name:
 |       |
| * E-Mail:
 |       |
| * Contact number:
 |       |
| * Date and time medical coverage commences:
 | Date | Time       |
| * Date and time medical coverage ceases:
 | Date | Time       |
| * Number of medical providers:
 |       |
| * Location of medical providers during the competition:
 |       |
| * Medical room location:
 |       |
|  |  |
| Please list the emergency medical equipment that will be available e.g., automated external defibrillator (AED), oxygen, spinal board & extrication equipment. |
|       |
| * Location of AED on site:
 |       |
| Details of nearest major trauma centre (with a cardiac care centre): |
| * Name:
 |       |
| * Address:
 |       |
| * Contact details:
 |       |
| * Confirm that the medical provider is experienced in working with athletes with visual impairment:
 | Yes [ ]  / No [ ]  |
| * Confirm whether training simulation (e.g., sudden cardiac arrest) will take place before competition commences:
 | Yes [ ]  / No [ ]  |
| * Confirm whether you have an Emergency Action Plan (EAP) for dealing with medical emergencies:
 | Yes [ ]  / No [ ]  |
| (Be prepared to provide detailed emergency and safety plans if awarded the event.)(EAP Template available upon request.) |
|  |  |

# Additional Information or Attachments

|  |
| --- |
| Please include any additional relevant information, plans, or graphics that may support your application. |
| This catalogue will be reviewed by the IBSA Goalball Sport Committee. Incomplete applications or those not meeting the requirements may not be considered. |
| * **Submission Date:**
 | Date |
| * **Applicant Signature:**
 |       |