

# Sail Melbourne 2004 IFDS Single Person Dinghy World Championships

Blairgowrie Yacht Squadron, January 13 – 22, 2004



## Request for Additional Information

This form, which should be submitted with the Official Entry Form, will be forwarded to Blairgowrie Yacht Squadron Competitor Services Team.

### Introduction

Blairgowrie Yacht Squadron (BYS) has formed a Competitor Services Team (CST). Among other tasks, the CST will endeavour to match the needs of competitors to the most appropriate accommodation available. Unless organised through the CST, suitable accommodation in the vicinity of the regatta will be very difficult to find as January is the peak holiday time in Australia and the venue is a popular destination.

To facilitate planning, we ask competitors to complete the following questionnaire and return it to BYS as soon as possible. The questionnaire is strictly confidential, and solicits information for use in this regatta only. We also urge competitors to communicate with the BYS via email.

It is the aim of Sail Melbourne and Blairgowrie Yacht Squadron to provide the best regatta possible with the facilities available. While all reasonable effort will be made to meet the needs of competitors, Sail Melbourne and Blairgowrie Yacht Squadron shall not be responsible for:

- Allocation of accommodation that fails to meet the expectations of competitors, or
- Failure of competitors to find suitable accommodation within the vicinity of the regatta.

### Competitors

Surname..... Given name.....

Nationality..... Male/Female (please circle one) Age .....

Contact Telephone number/s.....(include country code if applicable)

E-mail Address.....

Disability: .....

Do you use a manual wheelchair? Yes / No

Will you be bringing your manual wheelchair to the regatta? Yes / No

What are the dimensions of your manual wheelchair? Width ..... Length .....

Do you use an electric wheelchair? Yes / No

Will you be bringing your electric wheelchair to the regatta? Yes / No

What are the dimensions of your electric wheelchair? Width ..... Length .....

Which of the following best describes you? A B C D E (please circle one)

A. *I understand that suitable accommodation is scarce. With difficulty or otherwise, I can cope relatively well in a bathroom not specifically designed for disabled people?*

B. *I understand that suitable accommodation is scarce. With difficulty or otherwise, I can cope relatively well in a bathroom not specifically designed for disabled people provided that I obtain assistance from those who accompany me.*

C. *I understand that suitable accommodation is scarce. With difficulty or otherwise, I can manage in a bathroom not specifically designed for disabled people; however, I choose not to seek assistance from those who will accompany me?*

D. *I understand that suitable accommodation is scarce. With difficulty or otherwise, I can manage in a bathroom not specifically designed for disabled people provided that I can get my wheelchair into the room and, without assistance, affect a side-on transfer to bathroom furniture.*

E. *I understand that suitable accommodation is scarce. With difficulty or otherwise, I can manage only in a bathroom specifically designed for severely disabled people.*

**Accompanying persons** (If more than four, please complete an additional form)

1. Surname..... Given Name.....  
Nationality..... Male/Female (please circle one) Age .....  
Does the above person have a disability? Yes / No Nature of Disability: .....  
Does the above person use a wheelchair? Yes / No Electric or Manual?  
Is the above person a care-giver? Yes / No  
Must the above person be accommodated at the same location as the competitor? Yes / No

2. Surname..... Given Name.....  
Nationality..... Male/Female (please circle one) Age .....  
Does the above person have a disability? Yes / No Nature of Disability: .....  
Does the above person use a wheelchair? Yes / No Electric or Manual?  
Is the above person a care-giver? Yes / No  
Must the above person be accommodated at the same location as the competitor? Yes / No

3. Surname..... Given Name.....  
Nationality..... Male/Female (please circle one) Age .....  
Does the above person have a disability? Yes / No Nature of Disability: .....  
Does the above person use a wheelchair? Yes / No Electric or Manual?  
Is the above person a care-giver? Yes / No  
Must the above person be accommodated at the same location as the competitor? Yes / No

4. Surname..... Given Name.....  
Nationality..... Male/Female (please circle one) Age .....  
Does the above person have a disability? Yes / No Nature of Disability: .....  
Does the above person use a wheelchair? Yes / No Electric or Manual?  
Is the above person a care-giver? Yes / No  
Must the above person be accommodated at the same location as the competitor? Yes / No

**Accommodation Requirements**

Date of first night of accommodation ..... (dd/mm/yy)  
Date of last night of accommodation ..... (dd/mm/yy)  
Number of rooms requiring accessible facilities .....  
Number of rooms not requiring accessible facilities .....  
Number of single beds .....  
Number of double beds .....  
Other aids, equipment, services and/or requirements:.....  
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**Transportation Requirements**

Competitors and those accompanying them are encouraged to arrange their own road transportation for the duration of their stay. Sail Melbourne’s preferred travel provider, Sport Moves, can assist with advice and bookings for air travel and hire cars (see below). If required, volunteers with accessible vehicles will collect competitors from their points of arrival in Melbourne, and deliver them to their points of departure. If required, accessible transport will be arranged between accommodation and venue. Every endeavour will be made to provide a convenient service at a minimum cost, however organisers will not accept responsibility for the appropriateness or timeliness of such transport.

Please assist us by providing responses to each of the following questions. If not known at the time of entry, please advise the Competitor Services Team of the relevant details at the earliest opportunity.

Arrival Date: / / Arrival Point: Flight No:  
Departure Date: / / Departure Point: Flight No:  
Will you be providing your own transport during your stay? Yes / No  
Will you require transport to and from Melbourne International Airport? Yes / No  
Will those accompanying you require transport to and from the Airport? Yes / No  
Will you require daily transport to and from the competition venue? Yes / No  
Will those accompanying you require transport to and from the competition venue? Yes / No

**Further Information**

Please note here any additional relevant information that could assist us with the organisation of accommodation and transport for yourself and accompanying persons:

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*The Competitor Services Team at Blairgowrie Yacht Squadron will endeavour to match your requirements with the closest available accommodation. A representative will notify you via email regarding transport and accommodation arrangements as soon as possible. If you have not received a response eight weeks prior to the start of your event please contact Sail Melbourne on: Telephone: +61 3 9597 0066 Fax: +61 3 9598 7384 Email: [info@sailmelbourne.com.au](mailto:info@sailmelbourne.com.au)  
Please forward the completed form along with your entry to Sail Melbourne by fax, e-mail or post:  
Sail Melbourne International Regatta, PO Box 83, SANDRINGHAM, VICTORIA, 3191, AUSTRALIA*

**Contact Information**

Competitor Services Team – IFDS Single Person Dinghy Worlds Blairgowrie Yacht Squadron PO Box 13 Blairgowrie Victoria 3942 Australia Telephone: +61 3 5988 8453 Fax: +61 3 5988 0075 Email: <a href="mailto:bys@pac.com.au">bys@pac.com.au</a> Website: <a href="http://www.bys-aus.com">www.bys-aus.com</a>	Sport Moves Travel & Accommodation Inquiries Vitina Mazzarino Telephone: +61 3 9867 7152 Fax: +61 3 9867 7154 Email: <a href="mailto:vitina@movestravel.com.au">vitina@movestravel.com.au</a> Website: TBA
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