



Caribbean Jr. Invitational

FACT SHEET

12 & UNDER DIVISION

2020

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TOURNAMENT NAME AND DATES				
Tournament	Name of Tournament		City & Country	TOURNAMENT FORMAT (A, B or C)
	8th Caribbean Jr Invitational		St. JOHN'S, ANTIGUA	B
Dates	Date of Monday in Tournament Week	First day of Round Robin	First day of Main Draw & Consolation Draw	Last day of Tournament
	27th April 2020	2nd May 2020	3rd May 2020	4th May 2020

ORGANISER DETAILS				
Entry Deadline	Entry Deadline (Date) (3 weeks before)			
	8th April 2020			
Entry Organiser	Name of Organiser		Street/PO Box address	Post code
	Antigua & Barbuda Tennis Association			Antigua & Barbuda
	Country code	Area code	Number	
	1	268	773-7331	
	Email address			
	anu.btennis@gmail.com			
Eligibility	<p>The minimum age required to participate in the U12 Tournaments in COTECC is to be 10 years old <u>on the day that the U12 tournament begins</u>. And the maximum age is to turn 12 during the year of competition. <u>Born between January 1, 2008 and December 31, 2010.</u></p>			

VENUE				
Venue	Name of Club/Venue			Contact person
	National Tennis Center			Cordell Williams
Address	Campsite, St John's, Antigua			
Surface, Balls	Indoors/Outdoors	Type of surface		Number of courts
	Outdoors	Hard		4
Telephone, Email	Country code	Area code	Number	Email-address
	1	268	773-7331	cwilliams772@gmail.com or anu.btennis@gmail.com
Fax				Information to be found on tournament web-site: facebook -tennis antigua
Internet address	anu.btennis@gmail.com			<input checked="" type="checkbox"/> Acceptance lists <input checked="" type="checkbox"/> Draws <input checked="" type="checkbox"/> Order of Play

TOURNAMENT DIRECTOR & REFEREE				
Tournament Director	Name of Tournament Director(s)			Post Address
	Dianne Hillhouse & Dojn Kentish			National Tennis Center, Campsite, Antigua
Telephone / Email	Country code	Area code	Number	Email-address
	1	268	720-3426(Dianne)726-3656(Dojn)	diannehillhouse21@gmail.com OR dojn.kentish@gmail.com
Fax				
Referee	Name of Referee			Country
	Colleen De Gannes			TTO
Mobile phone / Email	Country code	Area code	Number	ITF Certification
	1	868	683-2234	White badge
				Email-address
				cdidg55@yahoo.com

DRAWS AND SIGN-IN DETAILS

Under 12		Draw size	Sign-in deadline	Start day	Prel. finish day	Entry Fee
Boys & Girls	Round Robin phase	32	1-May-20 4:00pm -6:00pm	2-May-2020	3-May-2020	US\$40
	Main & Consolation	16	Results of Round Robin	3-May-2020	4-May-2020	
	Doubles main Draw	16	2-May-20 12:00 noon	3-May-2020	4-May-2020	
To participate in this age division players must be born between January 1st 2008 and December 31 2010 and be 10years old on the day the competition begins						

HOTELS

Rates indicated are for persons not getting free hospitality

Official Hotel 1	Name of Hotel			Street Address		
	Anchorage Inn			Dickenson Bay, St. John's, Antigua		
Reserve through (name)	Country code	Area code	Number		Email-address	
DEBBIE SCHOLAR-LEWIS	1	268	462-0256		info@antiguaanchorageinn.com	
	Room Rates	Standard Room	Superior Double Room	Superior Triple Room	Rate includes:	
	US\$82.00 p/n	US\$107 p/n	US\$107 p/n		Tax & Breakfast	
Official Hotel 2	Name of Hotel			Street Address		
Reserve through (name)	Country code	Area code	Number		Email-address	
NICOLE MARTIN						
	Room Rates	Single Room	Double Room	Triple Room / pp	Rate includes:	

HOSPITALITY

Hospitality details	All players will receive lunch, free of charge along with water or fruit drink. This benefit will be for players who are still playing in the event. Water will be provided on court for all players.
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TRAVEL AND VISA INFORMATION

International Airport	Name of Airport	Distance	Transportation from Airport/Station to Club/Hotel
	V.C Bird International Airport	4ml	
Domestic Airport			
Bus			
Travel remarks			
Visa requirements	* Each player traveling is responsible for obtaining all necessary travel documents, including any required visas. Please contact your local Embassy or travel agent		
Visa Invitations	If you require an invitation to obtain a visa, please contact Contact -Antigua & Barbuda Tennis association, anu.btennis@gmail.com		

OTHER INFORMATION

Airport Pick-up:

Each person is responsible for their Airport transfer.

Transportation:

Transportation will be provided to and from hotel from May 2nd- May 4th-tournament days only.

Lunch/Sundry snacks:

Snacks, drinks and light lunch will be on sale at Tournament site.

Stringing:

US\$15 (EC\$40) with your own string

US\$26 (EC\$70) without string



ENTRY INFORMATION

TOURNAMENT TITLE CARIBBEAN JR INVITATIONAL	City	Country ANTIGUA
Tournament Dates 1st May - 4th May 2020	Entry Deadline 8th April 2020	Withdrawal Deadline 16th April 2020
ELIGIBILIDAD / ELIGIBILITY		
To participate in this age division players must be born between January 1st 2008 and December 31 2010 and be 10 years old on the Day when the competition begins		
Entry Fax Number	Email address anu.btennis@gmail.com	

ENTRIES SANCTIONED BY

National Tennis Association/Country	Contact person (name)/Parent/coach	
Telephone /Contact#	Fax	Email(parent/coach)

TRAVELLING COACH /PARENT

Name of Coach 1	Name of Coach 2
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BOYS 12 & UNDER - Entries in priority order -

#	Family Name	PLAYER First Name	Nationality <small>3-letter code</small>	Date of Birth <small>Date/Month/Year</small>	COTECC	National ranking 12 & Under
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

GIRLS 12 & UNDER - Entries in priority order -

#	Family Name	PLAYER First Name	Nationality <small>3-letter code</small>	Date of Birth <small>Date/Month/Year</small>	COTECC	National ranking 12 & Under
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

DATE AND SIGNATURE

	Sanction date	Signature
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WITHDRAWAL INFORMATION

TOURNAMENT TITLE CARIBBEAN JR INVITATIONAL		City	Country ANTIGUA
Tournament Dates	Entry Deadline 8th April 2020	Withdrawal Deadline 16th APRIL 2020	
Post Address for entries			
Withdrawal Fax Number	Email address anu.btennis@gmail.com		

WITHDRAWALS MADE BY

National Tennis Association/country	Contact person (name)/Parent or coach	
Telephone	Fax	Email

BOYS 12 & UNDER - Withdrawals

#	Family Name	PLAYER			Medical / / Other reason	Certificate Attached / / To follow
		First Name	Nationality <small>3-letter code</small>	Date of Birth <small>Date/Month/Year</small>		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

GIRLS 12 & UNDER - Withdrawals

#	Family Name	PLAYER			Medical / / Other reason	Certificate Attached / / To follow
		First Name	Nationality <small>3-letter code</small>	Date of Birth <small>Date/Month/Year</small>		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

DATE AND SIGNATURE

Date	Signature
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