NAME OF TOURNAMENT

COTECC Junior Circuit

FACT SHEET

2021



14 & UNDER DIVISION

TOURNAMENT NAME AND DATES									
	Name of Tournament		City & Country	Grade					
Tournament	Copa Mundo Maya by Universidad Galileo		Guatemala	1					
	Date of Monday in Tournament Week	First day of Round Robin	First day of Main Draw & Consolation Draw	Last day of Tournament					
Dates	5 de julio	3 de julio	5 de julio	8 de julio					

ORGANISER DETAILS								
	Entry Deadline (Date)							
Entry Deadline 14 de junio, 2021								
			Street/PO Box address		Post code	City, Country		
			Calle Mateo Flores y 10 Ave.	Calle Mateo Flores y 10 Ave. Zona 05		Guatemala		
	Country code	Area code	Number					
Entry Organiser	+502		5206-5050					
	Email address	-						
	<u>coteccjuni</u>	orU14@hotn	nail.com					
Eligibility	<u>the day</u> th	<u>coteccjuniorU14@hotmail.com</u> The minimum age required to participate in the U14 COTECC Circuit tournaments is to be 11 years old <u>on</u> <u>the day that the U14 tournament begins.</u> And the maximum age is to turn 14 during the year of competition. <u>Born between January 1, 2007 and December 31, 2010.</u>						

VENUE								
	Name of Club/Ven	iue			Contact person			
Venue	Federacior	leracion de tenis de Guatemala			Jorge Tejada			
Address	3a calla 16	3a calla 16-75 z 15 colonia Minerva						
	Indoors/Outdoors	Type of surface			Number of courts		Brand of Balls	
Surface, Balls	outdoor	hard			4		TBC	
	Country code	Area code	Number		Email-address			
Telephone, Email	+502		5206-5050		jtejada@rygmedia	a.com		
Fax					Information to be found	on tournament we	eb-site:	
Internet address	www.rygme	www.rygmedia.com			□ Acceptance lists	🔽 Draws	V 0	inder of Play

TOURNAMENT DIRECTOR & REFEREE									
	Name of Tourname	ent Director		Post Address					
Tournament Director	Alvaro Prado								
	Country code	Area code	Number	Email-address					
Telephone / Email	+502 4058 3850			alvaroprac	alvaropradofonseca@gmail.com				
Fax									
	Name of Referee			Country	ITF Certification				
Referee	Diego Navi	dad		ESA	White				
	Country code	Area code	Number	Email-address					
Mobile phone / Email	+503		7033-9028	diegotwin2	diegotwin24@hotmail.com				

DRAWS AND SIGN-IN DETAILS

Under 14			Draw size	Sign-in deadline			Start day	Prel. finish day	Entry Fee	
Boys	Round Rol	bin phase	32	02/07/2021	18:00hrs		03/07/2021	04/07/2021		
&										
Girls	Dobles ma	ain Draw	16	04/07/2021	12:00hrs		05/07/2021	08/07/2021	\$50	
	-	Fo participate in	this age division	players must be	e horn hetwee	n January 1st 20	007 and December 31 20			
HOTELS							ndicated are for person	is not getting fr	ee hospitality	
		Name of Hotel				Street Address		•		
Official Hotel 1 Radisson						1a av 12-46 zona 1	0			
Fax		Country code	Area code	Number		Email-address				
					raarcia@ar	upoazur.com				
Reserve through		Country code	Area code	Number			Single Room	Double Room / pr	Triple Room / pr	
		+502		2421-5151		Room Rates	\$64	\$73	\$84	
Official Hote	el 2	Contact person for	reservations			Direct telephone nu	mber			
		Renato Ga	rcia			+502 41749	9254			
Telephon	e / Email									
_		Country code	Area code	Number			Single Room	Double Room / pp	Triple Room / pp	
Fax		Contact person for	reservations			Room Rates Direct telephone nu	mber			
Reserve t	hrough	Contact porcon for								
HOSPITA Players hos		Full hospit	ality for Main Dr	aw players only						
r layers nos	pitality	_		or Main Draw players only or Main Draw players only until elimination						
							nated			
			pitality for Main Draw players until last member of team is eliminated Please detail below							
		No. of coaches								
Coaches ho	spitality		N/A							
Hospitality	details									
TRAVEL /	AND <u>VISA</u>	INFORMA								
		Name of Airport	1		Distance		Airport/Station to Club/Hotel			
Internationa	-	La Aurora,	International		6 km	N/A				
Domestic Airport Rail										
Travel rema	rks	*				1				
Visa require	ements	Please c	heck with yo	our travel ag	ency well	in advance				
	tiono		vitation to obtain a vis		ing Oferdate		~			
Visa Invita		Jabes Ardo		gerentetech	licowreaete	enisguate.co	<u></u>			
	IFORMAT									

Requisitos COVID-19 para ingreso al país por via arerea o terrestre: https://igm.gob.gt/protocolo-de-ingreso-al-pais-covid19/

COTECC U14 CIRCUIT

ENTRY FORM



	ENTRY INFORMATION					
TOURNAMENT TITLE Copa Mundo Maya by Universidad Galileo	^{City} Guatemala		Country Guatemala			
Tournament Dates	Entry Deadline		Withdrawal Deadline			
3 de julio-8 de julio ELIGIBILIDAD / ELIGIBILITY	14 de junio		28 de junio			
To participate in this age division players must be born betwee	en January 1st 2007 and December 3	31 2010 and be 11	years old on the da	ly the tournament	begins	
Entry Fax Number	Email address					
	coteccjuniorU14@hotr	nail.com				
E	NTRIES SANCTIONED I	BY				
National Tennis Association	Contact person (name)		Position in National T	4		
Telephone	Fax		Email			
OFFICIAL COACHE	S ASSIGNED BY NATIO	NAL ASSO	CIATION			
Name of Coach 1		Name of Coach				
BOYS 14 &	UNDER - Entries in price	ority order -				
	PLAYER	<u>.</u>	_	_	National	
Family Name	First Name	Nationality 3-letter code	Date of Birth Date/Month/Year		ranking 14 & Under	
1		3-letter code	Date/WOTITI/Teal		14 & Onder	
2						
3						
4						
5						
6						
7						
8						
9						
10						
GIRI S 14 &	UNDER - Entries in pri	ority order				
	PLAYER	only order			National	
Family Name	First Name	Nationality	Date of Birth	IPIN	ranking	
1		3-letter code	Date/Month/Year		14 & Under	
2				ł	-	
3				1		
4			1	1		
5			1	1	+	
6					1	
7			1	1	1	
8			1			
9			1	1		
10				1	1	

DATE AND SIGNATURE					
	Sanction date	Signature			

Cotecc Circuit

WITHDRAWAL FORM



WITHDRAWAL INFORMATION								
TOURNAMENT TITLE	City	Country						
Copa Mundo Maya by Universidad Galileo	Guatemala	Guatemala						
Tournament Dates	Entry Deadline	Withdrawal Deadline						
3 de julio-8 de julio	14 de junio	28 de junio						
Post Address for entries								
Withdrawal Fax Number	Email address							
	coteccjuniorU14@hotmail.com							
WIT	IDRAWALS MADE BY							
National Tennis Association	Contact person (name)	Position in National TA						
Telephone	Fax	Email						

	BOYS 14 & UNDER - Withdrawals										
	PL	Medical /	Certificate								
#	Family Name	First Name	Nationality 3-letter code	Date of Birth Date/Month/Year	/ Other reason	Attached / / To follow					
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

GIRLS 14 & UNDER - Withdrawals									
	PL	Medical /	Certificate						
#	Family Name	First Name	Nationality 3-letter code	Date of Birth Date/Month/Year	/ Other reason	Attached / / To follow			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
	DATE AND SIGNATURE								
		Date		Signature					