## COPA PALMAS DEL CARIBE





#### **COTECC Junior Circuit**

#### **FACT SHEET**

14 & UNDER DIVISION
TOURNAMENT NAME AN
Name of Tou

Tournament

Dates

2022

N PRIA		2023	Page 1
IND DATES			
Tournament		City & Country	Grade
Copa Palmas del Ca	aribe	Bayamon, Puerto Rico	3
onday in Tournament Week	First day of Round Robin	First day of Main Draw & Consolation Draw	Last day of Tournament
21 agosto 2023	19 agosto 2023	21 agosto 2023	24 agosto 2023

ORGANISER DET	AILS									
	Entry Deadline (Date)									
Entry Deadline	31 julio 2023									
	Name of Organiser		Street/PO Box address			Post code	City, Country			
	Asociación de Tenis de Puerto Rico		PO Box 190607			00919	San Juan, Puerto Rico			
	Entry Organiser 1 Area code 787		Number							
Entry Organiser			982 - 778	2						
	Email address									
				<u>cotecci</u>	uniorU14@hotmail.com					
Eligibility	The minimum age required to participate in the U14 COTECC Circuit tournaments is to be 11 years old on the day that the U14 tournament begins. And the maximum age is to turn 14 during the year of competition. Born between January 1, 2009 and December 31, 2012.									

VENUE								
	Name of Club/Venue	T 1 11		Contact person				
Venue	Centro d	e Tenis Hor	nda		Jose Raul	Castro		
Address	Urb. Alturas de Flamboyan, Ave Teniente Nelson Martinez							
		Type of surface				Brand of Balls		
Surface, Balls	Outdoor	Hard Court		16		Wilso	n Championship	
	Country code	Area code	Number	Email-address				
Telephone, Email	1	787	787 - 8057	cth_admin@pr	tenis.com			
Fax				Information to be found on tournament web-site:				
Internet address	www	.prtenis.com		☐ Acceptance lists	☐ Draws	☐ Order o	of Play	

TOURNAMENT DIRECTOR & REFEREE									
	Name of Tournament Director								
Tournament Director	Verónica Román								
	Country code Area code Number								
Telephone / Email	1	787	982 - 7782 ext 223			roman@prtenis.com			
Fax	1	787	475 - 0782						
	Name of Referee			Country		ITF Certification			
Referee		Julio Mairena			NCA	White Badge			
	Country code	Area code	Number	Email-address					
Mobile phone / Em	505		8985 - 2105			jcesarm90@hotmail.com			

DRAWS AND SIGN-IN DETAILS

ě.											
Girls		Dobles main Draw	16	domingo, 20 de a		agosto @ 12 p.m.	21 agosto 2023	24 agosto 23	\$50.00		
		To participate in this age division players must be born between January 1st 2009 and December 31 2012									
HOTELS							Rate	es indicated are for p	persons not getting free hospitalit		
		Name of Hotel				Street Address					
Official Ho	tel 1	Hyatt P	lace Bayan	nón		Ramón	Luis Rivera Ave,	Bavamón, PF	R 00961		
Fax Country code		·	Area code Number		Email-address						
						ithamar.marcial@hyatt.com					
Reserve through		Country code	Area code	Number			Single Room	Double Room / pp	Triple Room / pp		
		1	787	779 - 5	000	Room Rates	N/A	\$192.71			
Official Ho	tel 2	Contact person for reservations	•	•		Direct telephone number	•	•			
		Itham	ar M. Marci	al							
Telepho	one / Email										
_		Country code	Area code	Number			Single Room	Double Room / pp	Triple Room / pp		
Fax		Contact person for reservations				Room Rates Direct telephone number					
Reserve	e through	Contact person for reservations				bilect telephone humber					
HOSPITA											
Players ho	spitality	☐ Full hospitality for Main Draw players only									
		☐ Full hospitality for Main Draw players only									
		☐ Full hospitality for Main Draw players unti	I last member of	team is eliminated							
		☑ Other. Please detail below									
		No. of coaches	Level of hospitality								
Coaches h											
Hospitality	details	NO HOSPITALITY									
TD AVEL	AND VIS	A INFORMATION									
TRAVEL	AND VISA	Name of Airport			Distance	Transportation from Airport/Station to Club/Hotel					
Internation	al Airport	· ·									
Domestic A	Airport										
Rail											
Travel rem	arks	*			•						

It is responsibility of each player and/or team to check with their embassy if they require a wsa to travel to Puerto Rico, as well as to ensure that he/she and/or all the members of their team have all the required vaccination or tests to access the country if required.

juniors@prtenis.com

viernes, 18 de agosto @ 6:00 p.m.

Prel. finish day

20 agosto 23

Start day

19 agosto 2023

787-982-7782 ext 223

Entry Fee

Sign-in deadline

32

Under 14

Visa requirements

Visa Invitations

OTHER INFORMATION

Round Robin phase

If you require an invitation to obtain a visa, please contact

Verónica Román

### **ENTRY FORM**



ENTRY INFORMATION										
TOURNAMENT TITLE	City	Country								
Copa Palmas del Caribe	Bayamón		Puerto Rico							
Tournament Dates	Entry Deadline		Withdrawal Deadline							
19 - 24 agosto 2023		31 julio 2023		14 agosto 2023						
ELIGIBILIDAD / ELIGIBILITY	01 juil 202			agooto 2020						
To participate in this age division players must be born between January 1st 2009 and December 31 2012 and be 11 years old on the day the tournament begins										
Entry Fax Number Email address										
coteccjuniorU14@hotmail.com										
ENTRIES SANCTIONED BY										
National Tennis Association Contact person (name) Position in National TA										
			- Solidi, iii Yalionai 77							
Telephone	Fax		Email							
, displication	7 63.									
OFFICIAL COACH	HES ASSIGNED BY NA	ATIONAL A	SSOCIATION	1						
Name of Coach 1		Name of Coach 2								
		<u> </u>								
BOYS 14	& UNDER - Entries in	priority o	rder -							
	PLAYER				National					
Family Name	First Name	Nationality	Date of Birth		ranking					
#		3-letter code	Date/Month/Year		14 & Under					
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
10										
GIRLS 14	& UNDER - Entries in	priority o	rder -							
	PLAYER				National					
Family Name	First Name	Nationality	Date of Birth	IPIN	ranking					
#		3-letter code	Date/Month/Year		14 & Under					
1										
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DATE AND SIGNATURE				
Sanction date	Signature			

# WITHDRAWAL FORM



WITHDRAWAL INFORMATION Copa Palmas del Caribe Surromento Dates 19 - 24 agosto 2023 19 - 24 agosto 2023 14 agosto 2023 15 julio 2023 14 agosto 2023 15 julio 2023 16 agosto 2023 16 agosto 2023 17 agosto 2023 17 agosto 2023 18 agosto 2023 18 agosto 2023 19 julio 2023 19 julio 2023 10 agosto 2023 11 agosto 2023 12 agosto 2023 13 agosto 2023 14 agosto 2023 15 agosto 2023 16 agosto 2023 16 agosto 2023 16 agosto 2023 16 agosto 2023 17 agosto 2023 17 agosto 2023 18 agosto 2023 18 agosto 2023 19 agosto 2023 11 agosto 20							
Country		ITHDRAWAL INFOR	MATION				
Tournament Disease   Tournam	TOURNAMENT TITLE	City					
19 - 24 agosto 2023   31 julio 2023   14 agosto 2023							
WITHDRAWALS MADE BY National Tenis Association  Contact person (nume)  BOYS 14 & UNDER - Withdrawals  Family Name  Family Name  First Name  Solution  Contact person (nume)  Patternal  Pat			^			<b>,</b>	
Withdrawal Fax Number  WITHDRAWALS MADE BY  Storont Tennes Association  Control person (norme)  Fax  BOYS 14 & UNDER - Withdrawals  PLAYER First Name  PLAYER Substitute code  Solution in National Tyles and the store in Nat		31 Julio 202	3	14 a(	JOSTO 2023	3	
Solicitation   Soli	FOST Address for entries						
National Teorie Association	Withdrawal Fax Number	Email address					
Position in National TA		cot	<u>eccjuniorL</u>	J14@hotmail.co	<u>om</u>		
Position in National TA		WITHDRAWALS MA	DE RV				
Soys 14 & UNDER - Withdrawals	National Tennis Association			Position in National TA			
BOYS 14 & UNDER - Withdrawals   PLAYER   Family Name   F							
Family Name	Telephone	Fax		Email			
Family Name							
Family Name	ВО	YS 14 & UNDER - Wi	thdrawal	S			
#		PLAYER					
1		First Name					
2			3-letter code	Date/Month/ Fear	reason	/ TO TOTION	
3	<b>+</b>						
A							
S	<del>                                     </del>						
Certificate							
The state of the	<del>                                     </del>						
Second   S	<b>+</b>						
Section   Sect	7						
Certificate	8						
GIRLS 14 & UNDER - Withdrawals  PLAYER First Name Nationality 3-letter code 1 2 3 4 4 5 6 7 7 8 9 10 DATE AND SIGNATURE	9						
Family Name   First Name   Nationality   Date of Birth   / Other reason   / To follow	10						
Family Name   First Name   Nationality   Date of Birth   / Other reason   / To follow	GIR	LS 14 & UNDER - W	ithdrawal	S			
#   3-letter code   Date/Month/Year   reason   / To follow		PLAYER			Medical /	Certificate	
1	,	First Name	Nationality				
2			3-letter code	Date/Month/Teal	Teason	/ 10 10110W	
3	<del>                                     </del>						
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DATE AND SIGNATURE					<u> </u>		
	10				<u> </u>		
Date Signature		DATE AND SIGNAT	TURE				
		Date		Signature			