PUERTO RICO BOWL





COTECC Junior Circuit



14 & UNDER DIVISION

FACT SHEET

14 & UNDER DIVISION		BOWL	2023	rage I(2)					
TOURNAMENT NAME AND DATES									
	Name of Tournament	City & Country	Grade						
Tournament	Puerto R	ico Bowl	Bayamon, Puerto Rico	2					
	Date of Monday in Tournament Week	First day of Round Robin	First day of Main Draw & Consolation Draw	Last day of Tournament					
Dates	28 agosto 2023	26 agosto 2023	28 agosto 2023	31 agosto 2023					

ORGANISER D	DETAILS								
	Entry Deadline (Date)								
Entry Deadline	7 agosto 2023								
	Name of Organiser		Street/PO Box address			Post code	City, Country		
	Asociación de Tenis de F	Puerto Rico		PO Box	190607	00919	San Juan, Puerto Rico		
	Country code	Area code	Number						
Entry Organise	1	787	982 - 778	2					
	Email address								
	coteccjuniorU14@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			Contact person					
Venue	Centro de Tenis Honda			Jose Raul Castro					
Address	Urb. Alturas de Flamboyan, Ave Teniente Nelson Martinez								
	Indoors/Outdoors	Type of surface		Number of courts E		Brand of Balls			
Surface, Balls	Outdoor	Hard Court		16 Wilso		Wilson Championship			
	Country code	Area code	Number	Email-address					
Telephone, Ema	1	787	787 - 8057	cth_admin@prtenis.com					
Fax				Information to be found on tournament web-site:					
Internet addres	<u>www.prtenis.com</u>			☐ Acceptance lists	☐ Draws	☐ Order of Play			

TOURNAMENT DIRECTOR & REFEREE								
	Name of Tournament Director							
Tournament Direc	Verónica Román							
	Country code	Area code	Number	Email-address				
Telephone / Em	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 /	505		8985 - 2105	jcesarm90@hotmail.com				

DRAWS AND SIGN-IN DETAILS

Under 14		Draw size	Sign-in deadline			Start day	Prel. finish day	Entry Fee		
Boys &	Round Robin phase	32	viernes, 2	25 de ag	osto @ 6:00 p.m.	26 agosto 2023	27 agosto 23			
α Girls	Dobles main Draw	16	domingo	, 27 de a	gosto @ 12 p.m.	28 agosto 2023	31 agosto 23	\$50.00		
	To par	ticipate in this age	division players must be b	orn between	January 1st 2009 and December 31	2012				
HOTELS	HOTELS Rates indicated are for persons not getting free hospitality									
	Name of Hotel									
Official Hot	el 1 Hya	att Place Bay	/amón		Ramón Luis	Rivera Ave, Bay	/amón 0096	1		
Fax	Country code	Area code	Number		Email-address	,	,,			
					<u>itham</u>	ar.marcial@hya	tt.com			
Reserve	throug Country code	Area code	Number			Single Room	Double Room / pp	Triple Room / pp		
	1	787	779 - 500	00	Room Rates	N/A	\$192.71			
Official Hot		namar M. Ma	arcial		Direct telephone number					
Telepho	ne / Email									
Fax	Country code	Area code	Number		Room Rates	Single Room	Double Room / pp	Triple Room / pp		
_	Contact person for reservations		•		Direct telephone number					
Reserve	through									
HOSPIT	NLITY spitality ☐ Full hospitality for Main Draw pl									
Coaches ho		Ayers until last me	mber of team is eliminated	1						
TRAVEL	AND VISA INFORMATION									
Internation	Name of Airport Al Airpo SJU - Luis Muñóz I	Marín Interna	ational Airport	25 min	Transportation from Airport/Station to Club/Hot	Taxi or Uber				
Domestic A			•							
Rail										
Travel rema	arks *									
Visa requir	ements It is responsibility of each player an	id/or team to check			a to travel to Puerto Rico, as well as ests to access the country if require		nd/or all the membe	ers of their team		
	If you require an invitation to obtain a visa, please	e contact								
Visa Invi	tations Verónica Román	Verónica Román <u>juniors@prtenis.com</u> 787-982-7782 ext 223								
OTHER I	NFORMATION									

COTECC U14 CIRCUIT

ENTRY FORM



	ENTRI INFORMA	HON				
TOURNAMENT TITLE	City		Country			
Puerto Rico Bowl	Bayamón		Puerto Rico			
Tournament Dates	Entry Deadline			Withdrawal Deadline		
26 - 31 agosto 2023		7 agosto 2023		21 agosto 2023		
ELIGIBILIDAD / ELIGIBILITY	, ageste <u>r</u>	020		agooto zozo		
To participate in this age division players must be born be	etween January 1st 2009 and Dece	ember 31 2012 an	d be 11 years old on	the day the tournan	nent begins	
Entry Fax Number	Email address					
		cotecciunior	U14@hotmail.	com		
	ENTRIES SANCTION	NED BY				
National Tennis Association	Contact person (name)		Position in National TA			
Telephone	Fax		Email			
OFFICIAL COAC	HES ASSIGNED BY N	IATIONAL A	ASSOCIATION	1		
Name of Coach 1		Name of Coach 2				
BOYS 14	& UNDER - Entries i	n 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						
GIRLS 14	4 & UNDER - Entries i	n priority o	rder -			
	PLAYER				National	
Family Name	First Name	Nationality	Date of Birth	IPIN	ranking	
#		3-letter code	Date/Month/Year		14 & Under	
1						
2						
3					1	
4		1			 	
		+			 	
5					.	
6						
7						
8						
9		1			1	
		_			 	
10						

DATE AND SIGNATURE

Signature

Sanction date

Cotecc Circuit



				OT	EC	
W	ITHDRAWAL INFOR	MATION				
TOURNAMENT TITLE	City	Country				
Puerto Rico Bowl	Bayamón	Puerto Rico				
Tournament Dates	Entry Deadline	20	Withdrawal Deadline	0006		
26 - 31 agosto 2023	7 agosto 202	23	21 a	gosto 2023	3	
Post Address for entries						
Withdrawal Fax Number	Email address					
	•	ecciuniorU	J14@hotmail.co)m		
	•					
	WITHDRAWALS MA	DE BY				
National Tennis Association	Contact person (name)		Position in National TA			
Telephone	Fax		Email			
roophone	I ax		Lindii			
ВО	YS 14 & UNDER - W	ithdrawals	S			
Family Name	PLAYER First Name	Nationality	Date of Birth	Medical / / Other	Certificate Attached /	
# #	i ii st Name	3-letter code	Date/Month/Year	reason	/ To follow	
1						
2						
3						
4		+				
5		+		1		
6		+				
7						
8		+				
9		+		1		
10		+				
GIR	LS 14 & UNDER - W	ithdrawal	S			
Family Name	PLAYER First Name	Nationality	Date of Birth	Medical / / Other	Certificate Attached /	
#	T ii St Name	3-letter code	Date/Month/Year	reason	/ To follow	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
	DATE AND SIGNAT	TURE				
	Date		Signature			