COPA PURA VIDA

FACT SHEET

14 & UNDER DIVISION

2023

			9 1(/				
TOURNAMENT NAME AND DATES							
	Name of Tournament		City & Country	Grade			
Tournament II Edicion Copa Pura Vida G2		San Jose, Costa Rica	G2				
	Date of Tuesday in Tournament Week	First day of Round Robin	First day of Main Draw & Consolation Draw	Last day of Tournament			
Dates	21/11/2023	Sunday, 19/11/2023	Tuesday, 21/11/2023	Friday,24/11/2023			

ORGANISER DET	AILS					
	Entry Deadline (Date)					
Entry Deadline 30/10/2023						
		Street/PO Box address	Post code	City, Country		
		arricense de Tenis	P.O. Box 575-1000	575-1000	San José, Costa Rica	
	Country code	Area code	Number			
Entry Organiser	506	506	2248-0296 o 506 7016-5984			
	Email address	•				
	coteccjuniorU14@	coteccjuniorU14@hotmail.com				
Eligibility	tournament begin	The minimum age required to participate in the U14 COTECC Circuit tournaments is to be 11 years old <u>on 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, 2009 and December 31, 2012.</u>				

VENUE							
	Name of Club/Venue			Contact person			
Venue	Centro Nacional de Tenis, La Sabana			Patricia Castro			
Address	Parque Metropolitano La Sabana, Canchas de Tenis						
	Indoors/Outdoors	Type of surface	Type of surface			Brand of Balls	
Surface, Balls	Outdoor	Hard		6		TBA	
	Country code	Area code	Number	Email-address			
Telephone, Email	506	506	2248-0296 o 506 7016-5984	patricia.castro@fctenis.com			
Fax				Information to be found on tournament web-site:			
Internet address	www.fctenis.com			✓ Acceptance lists ✓ Draws ✓ Order of Play			

TOURNAMENT DIRECTOR & REFEREE							
	Name of Tournament Director			Post Address			
Tournament Director	Patricia Castro			575-1000			
			Email-address				
Telephone / Email			7016-5984	patricia.castro@fctenis.com			
Fax							
	Name of Referee			Country	ITF Certification		
Referee	Rodolfo Chacon			CRC	White Badge		
	Country code	Area code	Number	Email-address			
Mobile phone / Email	506		71320288	rodochacon@hotmail.com			

DRAWS AND SIGN-IN DETAILS

age 1(2)

Under 14		Draw size	Sign-in deadline		Start day	Prel. finish day	Entry Fee		
Boys Round Robin phase		32	Saturday, 18/11/2023 @ 6 p.m.		19/11/2023	20/11/2023			
&									
Girls	Dobles mai	n Draw	16	Monday, 20/11/202	3 @ 12 p.m	١.	21/11/2023	24/11/2023	\$50
		To participate in this	e ago division n	ayers must be born between					
		ro participate in this	s age division pi	layers must be born between	en January 15t	2009 and Dece	ember 31 2012		
HOTELS						Rates i	ndicated are for person	s not getting fr	ee hospitality
		Name of Hotel				Street Address			
Official Hot	tel 1	Costa Rica Tennis Club				San Jose, S	Sabana Sur		
Fax		Country code	Area code	Number		Email-address			
		N/A	N/A	N/A		rcortes@cr	tennis.com		
Reserve	through	Country code	Area code	Number			Single Room	Double Room / pp	Triple Room / pp
		506		2232-1266		Room Rates	\$60	\$75	
Official Hot	tel 2	Contact person for reservations	<u> </u>			Direct telephone nu	ımber		
		Hotel Parque del Lago				E0 mto ooto	Parque Metropolita	na da La Sak	oono
l		-						ilo de La Sai	Jana
Telephor	ne / Email	506 Country code	Area code	2547-2000 Number		reservas@	oarquedellago.com Single Room	Double Room / pp	Triple Room / pp
Fax		N/A	N/A	N/A		Room Rates	90,40	90,40	105,40
_		Contact person for reservations				Direct telephone nu	ımber		
Reserve	through	Andrés Ordóñez/José Pa	ablo Vallejos	3		506 8990-4	848		
HOSPITA	LITY								
Players hos	spitality	☐ Full hospitality for Main Dra	aw players only						
		☐ Full hospitality for Main Dra	aw players only	until elimination					
		☐ Full hospitality for Main Dra	aw players until	v players until last member of team is eliminated					
		$\hfill\square$ Other. Please detail below							
		No. of coaches	Level of hospitality	=					
Coaches he		0	No hospital	ity.					
Hospitality	aetalis	No hospitality.							
TRAVEL	AND VISA	INFORMATION							
		Name of Airport			Distance		Airport/Station to Club/Hotel		
Internation		Aeropuerto Juan Santan	naria		1,6 km	No			
Domestic A	Airport								
Travel rema	arks	*				<u>l</u>			
Visa require	ements	Check with airline trav	el agency a	and embassy					
		If you require an invitation to obtain a visa							
Visa Invi	tations	Patricia Castro, 506 701	6-5984						
OTHER II	NFORMATI	ON							

ENTRY FORM



				COTEC	C
	ENTRY INFORM	ATION			
TOURNAMENT TITLE	City		Country		
COPA PURA VIDA	San Jose		Costa Rica		
Tournament Dates	Entry Deadline		Withdrawal Dea	adline	
November 19th-24th, 2023 ELIGIBILIDAD / ELIGIBILITY	30/10/2023		13/11/2023		
To participate in this age division players must be	e born between January 1st 2009 and De	ecember 31 2012 ar	nd be 11 years old on the	e day the tournan	nent begins
Entry Fax Number	Email address		•	·	•
	coteccjuniorU14@hot	mail.com			
	ENTRIES SANCTIO	NED BY			
National Tennis Association	Contact person (name)		Position in National TA		
Telephone	Fax		Email		
OFFICIAL C	OACHES ASSIGNED BY	ΝΑΤΙΟΝΑΙ	ASSOCIATION		
Name of Coach 1	OACHES ASSIGNED BY	Name of Coach			
BO\	S 14 & UNDER - Entries	in priority o	rder -		
	PLAYER				National
Family Name	First Name	Nationality 3-letter code	Date of Birth Date/Month/Year		ranking 14 & Under
1		3 13 13 13 13 13	Dato, Montal, Foal		14 G Grader
2					
3					
4					
5			-		
7					
8					
9					
10					
11					
12					
13			-		
14					
16					
17					
18					
GIR	LS 14 & UNDER - Entries	in priority o	rder -		
	PLAYER				National
Family Name	First Name	Nationality 3-letter code	Date of Birth Date/Month/Year	IPIN	ranking 14 & Under
1		3-letter code	Date/Month/Tear		14 & Onder
2					
3					
4					
5			<u> </u>		
7			+		
8			+		
9					
10					
·		•			
	DATE AND OLON	ATUDE			
	DATE AND SIGNA Sanction date	ATURE	Signature		

WITHDRAWAL FORM



WITHDRAWAL INFORMATION				
TOURNAMENT TITLE	City	Country		
COPA PURA VIDA	San Jose	Costa Rica		
Tournament Dates	Entry Deadline	Withdrawal Deadline		
November 19th-24th, 2023	30/10/2023	13/11/2023		
Post Address for entries				
No aplica				
Withdrawal Fax Number	Email address			
	coteccjuniorU14@hotmail.co	<u>mc</u>		
	WITHDRAWALS MADE	E BY		
National Tennis Association	Contact person (name)	Position in National TA		
Telephone	Fax	Email		

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

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

DATE AND SIGNATURE				
	Date	Signature		