COPA DEL CAFÉ

FACT SHEET

2024



14 & UNDER DIVISION

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TOURNAMENT NAME AND DATES							
Name of Tournament 0			City & Country	Grade			
Tournament	Copa del Café		San José, Costa Rica	1			
	Date of Monday in Tournament Week First day of Round Robin		First day of Main Draw & Consolation Draw	Last day of Tournament			
Dates	Jan 22 2024	Jan 20 2024	Jan 22 2024	Jan 25 2024			

ORGANISER DETAILS								
	Entry Deadline	(Date)						
Entry Deadline	Jan 01 2	024						
	Name of Organiser		Street/PO Box address	Post code	City, Country			
	Coffee B	owl Organizing Committe	P.O. Box 1896		San Jose, Costa Rica			
	Country code	Area code	Number					
Entry Organiser	00	506	22085008					
	Email address							
	coteccju	coteccjuniorU14@hotmail.com						
Eligibility	tournam	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, 2010 and December 31, 2013.						

VENUE								
	Name of Club/Veni	ie		Contact person	Contact person			
Venue	Costa Rica	Country Club		Sr. Luis E. Fernandez Bola	Sr. Luis E. Fernandez Bolaños			
	0 0 (–						
Address	San Rafael de Escazu							
	Indoors/Outdoors	utdoors Type of surface		Number of courts	Brand of Balls			
Surface, Balls	Outdoors	Har Tru	Har Tru		Yonex			
	Country code	Area code	Number	Email-address	_			
Telephone, Email	00	506	2208-5008	kmontoya@country.co.cr	ļ.			
Fax	lr.			Information to be found on tournan	nent web-site:			
Internet address	www.copa	cafe.com		✓ Acceptance lists ✓ Draw	ss ☑ Order of Play			

TOURNAMENT DIRECTOR & REFEREE							
	Name of Tourname	ent Director		Post Address			
Tournament Director	Sr. Luis Esteban Fernandez Bolaños						
	Country code Area code Number E				Email-address		
Telephone / Email	00	506	7102-8886	copadelcafe@outlook,com			
Fax							
	Name of Referee	Name of Referee		Country	ITF Certification		
Referee	Avertano C	Avertano Cruz		Mex	White Badge		
	Country code	Country code Area code Number			Email-address		
Mobile phone / Email	52	55	5402-2809	Tano1561@	<u> 2aol.com</u>		

DRAWS AND SIGN-IN DETAILS

Under 1	1		Draw size	Sign-in deadline			Start day	Prel. finish day	Entry Fee	
Boys	Round Ro	bin phase	32	Friday, Jar	n.19th 2024 - 2:00 pm to 6:0	0 pm	Jan 20 2024	Jan 21 2024		
&	5		40	0 1 1	04 4 0004 4 40		1 00 0004		\$50	
Girls	Dobles ma		16		an. 21st, 2024 at 12 p.m.		Jan 22 2024	Jan 25 2024		
		To particip	ate in this age divisio	n players mus	t be born between January	1st 2010 a	nd December 31 20	013		
HOTELS						Rat	es indicated are for per	sons not getting f	ree hospitality	
		Name of Hotel				Street Address				
Official Hotel 1 Hotel Corobici			bici Crowne Plaza			Sabana No	rte on the western s	ide on San Jos	sé	
Fax		Country code	Area code	Number	Email-address					
					gr		greservas@corobicicp.co.cr			
Reserve	e through	Country code	Area code	Number			Single Room	Double Room / pp	Triple Room / pp	
		00	506	2043-6000)	Room Rates	\$121	\$121		
Official Ho	otel 2	Contact person for				Direct telephone nu		<u> </u>		
		Sra. Ingrid	Arguin							
Telepho	one / Email		<u> </u>							
_		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	e through					·				
HOSPIT	ALITY									
Players ho		☐ Full hospit	ality for Main Draw players o	nly						
			ality for Main Draw players o							
			ality for Main Draw players u	ntil last member of	team is eliminated					
		No. of coaches	ase detail below Level of hospitality							
Coaches h	ospitality	ivo. or coaches	Level of Hospitality	•						
Hospitality	/ details	Players	and coaches m	ust cover t	he cost of lodging a	nd food.				
		,								
TRAVEL	AND VISA	Name of Airport	TION		Distance	Transportation from	n Airport/Station to Club/Hotel			
Internation	nal Airport		amaria Intl Aiport		14 Kms		cial orange color aiport	taxi		
Domestic	Airport									
Rail Travel ren	norko									
Traverren	idi KS	*								
Visa requi	rements									
Visa Inv	vitations	Sra. Cecilia S	vitation to obtain a visa, please contact		00 (506) 8384-6670					
	INFORMAT				100 (000)					
OTHER	INFORMAT	ION								

COTECC U14 CIRCUIT

ENTRY FORM



ENTRY INFORMATION							
TOURNAMENT TITLE	City		Country				
COPA DEL CAFÉ Tournament Dates	San José Entry Deadline		Costa Rica Withdrawal Deadline				
Jan 20th-25th, 2024	•	January 1st, 2024			January 15th, 2024		
ELIGIBILIDAD / ELIGIBILITY							
To participate in this age division players must be born between January 1st 2010 and December 31 2013 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				
Telephone	Fax		Email				
OFFICIAL COA	ACHES ASSIGNED BY NAT	IONAL ASS	OCIATION				
Name of Coach 1		Name of Coach 2					
BOYS	14 & UNDER - Entries in pr	riority order	-				
	PLAYER				National		
Family Name	First Name	Nationality 3-letter code	Date of Birth Date/Month/Year		ranking 14 & Under		
1		o lotter dode	Date/World // Foci		14 a Grider		
2							
3							
4							
5							
6							
7							
8					<u> </u>		
9		_					
10							
GIRLS	14 & UNDER - Entries in p	riority order	-				
Family Name	PLAYER First Name	Nationality	Date of Birth	IPIN	National ranking		
#		3-letter code	Date/Month/Year		14 & Under		
1							
2							
3							
5							
6		+					
7							
8		+					
9							
							

DATE AND SIGNATURE						
	Sanction date	Signature				

Cotecc Circuit

WITHDRAWAL FORM



WITHDRAWAL INFORMATION							
TOURNAMENT TITLE COPA DEL CAFÉ	San José		Country Costa Rica				
Tournament Dates	Entry Deadline		Withdrawal Deadline				
Jan 20th-25th, 2024	January 1st, 2024		January 15th,	2024			
Post Address for entries							
Withdrawal Fax Number	Email address						
	coteccjuniorU14@hotma	ai <u>l.com</u>					
WITHDRAWALS MADE BY							
National Tennis Association	Contact person (name)		Position in National TA				
Talanhana	Foy		Emoil				
Telephone	Fax		Email				
POVS 14 9	UNDER - Withdraw	ole					
PLAYE		ais		Medical /	Certificate		
Family Name	First Name	Nationality	Date of Birth Date/Month/Year	/ Other	Attached /		
1		3-letter code	Date/Month/ Fear	reason	/ To follow		
2							
3							
4							
5							
6							
7							
8							
9							
10							
GIRLS 14 8	UNDER - Withdraw	als					
PLAYE	R			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				