COTECC Junior Circuit

COPA CANAL DE PANAMA

FACT SHEET



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14 & UNDER DIVISION

2024

1	TOURNAMENT NAME AND DATES									
Г		Name of Tournament		City & Country	Grade					
Т	ournament	COPA CANAL DE PANAMA		Panama, Rep. de Panama	3					
Г		Date of Monday in Tournament Week	First day of Round Robin	First day of Main Draw & Consolation Draw	Last day of Tournament					
	Dates	Feb 19, 2024	Feb 17, 2024	Feb 19, 2024	Feb 22, 2024					

ORGANISER DETAI	LS						
Entry Deadline (Date)							
Entry Deadline	Jan 30, 2024						
	Name of Organiser		Street/PO Box address		Post code	City, Country	
	Federacion Panameña de Ten		Calle 4ta Diana Moran, Llanos de Curuno		0815-01611	Panama, Rep. De Panama	
	Country code	Area code	Number				
Entry Organiser	(507)	232	5196				
	Email address						
	coteccjuniorU14@hotmail.com						
Eligibility	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, 2010 and December 31, 2013.</u>						

VENUE								
	Name of Club/Venue			Contact person				
Venue	Centro de /	entro de Alto Rendimiento Fred Maduro			Maria Elena Gittens			
Address	Calle 4ta D	iana Moran, L	Janos de Cu	urundu				
	Indoors/Outdoors	s/Outdoors Type of surface			Number of courts		Brand of Balls	
Surface, Balls	Outdoors	Clay Courts	(RED)		7 Courts	Dunlop ATP	Championship	
	Country code	Area code	Number		Email-address		_	
Telephone, Email	507	232	5196	direccionte	cnica@feptenis.org			
Fax					Information to be found o	n tournament web	b-site:	
Internet address				☑ Acceptance lists	☑ Draws	☑ Order	of Play	

TOURNAMENT DIRECTOR & REFEREE									
	Name of Tourname	nt Director		Post Address					
Tournament Director	Maria Elena Gittens								
	Country code Area code Number				Email-address				
Telephone / Email			6094-7438	direcciontecnica@feptenis.org					
Fax									
	Name of Referee			Country	ITF Certification				
Referee	Aventano Cruz			MEX	WHITE BADGE				
			Email-address						
Mobile phone / Email			tano1561@aol.com						

DRAWS AND SIGN-IN DETAILS

Under 14		Draw size	Sign-in deadline		Start day	Prel. finish day	Entry Fee				
Boys	Round Ro	bin phase	32	Friday Feb	16 at 18:00	hrs.	Sat Feb 17	Sun Feb 18			
&	&			6 Sunday Feb17 at 12:00 hrs.							
Girls Dobles mai		ain Draw	16			Mon Feb 19	Thu Feb 22	\$50.00			
		To participate i									
		To participate i	pate in this age division players must be born between January 1st 2010 and December 31 2013								
HOTELS						R	ates indicated are for p	ersons not gettin	g free hospitality		
		Name of Hotel		Street Ad							
Official Ho	tel 1	Hotel Gran	Evenia			Calle 52 y A	Aquilino de la Guardi	a			
Fax		Country code	Area code	Number		Email-address					
		507	296	9100		anabel.aguilar@eveniahotels.com					
Reserve	through	Country code	Area code	Number			Single Room	Double Room / pp	Triple Room / pp		
						Room Rates	\$ 88.00	\$ 99.00			
Official Ho	tel 2	Contact person for	reservations			Direct telephone nu	mber				
		Anabel Aguilar				(507) 6522-	-3217				
Telenhor	ne / Email					(00.) 0022 02:1					
releption	ie / Liliali	Country code	Area code	Number			Single Room	Double Room / pp	Triple Room / pp		
Fax						Room Rates					
Reserve	through	Contact person for	reservations			Direct telephone nu	mber				
Reserve	unougn										
HOSPIT/	ALITY										
Players ho	spitality	☐ Full hospitality for Main Draw players only									
		☐ Full hospit	☐ Full hospitality for Main Draw players only until elimination								
		☐ Full hospit	tality for Main Draw players until last member of team is eliminated								
		☐ Other. Ple	Other. Please detail below								
		No. of coaches	of coaches Level of hospitality								
Coaches h											
Hospitality	details	N/A									
TRAVEL	AND VISA	INFORMA	TION								
TRAVEL	AND VIOA	Name of Airport	HON		Distance	Transportation from	Airport/Station to Club/Hotel				
Internation	al Airport	Tocumen I	Tocumen International Airport 28 KM			S.					
Domestic Airport							-				
Rail											
Travel remarks Visa requirements		*									
		Consult with their embassies or consulates									
		If you require an invitation to obtain a visa, please contact									
Visa Invi	tations	No invitation letter is needed to enter Panama									
OTHER	NEORMAI	ION									
OTHER	OTHER INFORMATION										

STRINGING FEE USD \$ 15.00

ENTRY FORM



				OTEC				
	ENTRY INFORMAT	ION						
TOURNAMENT TITLE	City	Country						
COPA CANAL DE PANAMA	Panama	Panama						
Tournament Dates	Entry Deadline	Withdrawal Deadline						
17-22 Feb, 2024	Jan 30, 2024		Feb 13, 202	24				
ELIGIBILIDAD / ELIGIBILITY	,							
To participate in this age division players must be born between	en January 1st 2010 and Decer	nber 31 2013 an	d be 11 years old on	the day the tournam	ent begins			
Entry Fax Number	Email address							
	coteccjuniorU14@hotmail.com							
	NTRIES SANCTION	FD BY						
National Tennis Association	Contact person (name)		Position in National TA					
	,							
Telephone	Fax		Email					
OFFICIAL COACHE	S ASSIGNED BY NA	ATIONAL A	SSOCIATION					
Name of Coach 1		Name of Coach 2						
BOYS 14 8	UNDER - Entries in	priority o	rder -					
	PLAYER				National			
Family Name	First Name	Nationality	Date of Birth		ranking			
1		3-letter code	Date/Month/Year		14 & Under			
2								
3								
4								
5								
6								
7								
8								
9								
10								
GIRLS 14 8	UNDER - Entries ir	priority o	rder -					
	PLAYER				National			
Family Name	First Name	Nationality 3-letter code	Date of Birth Date/Month/Year	IPIN	ranking 14 & Under			
1		o lottor code	Date/Worth/ Four		14 & 011401			
2								
3								
4								
5								
6								
7								
8								
9								
10	l		<u></u>					
	DATE AND SIGNAT	URE						

Sanction date

Signature

Signature



				OTE	E 0
	VITHDRAWAL INFO	RMATION			
TOURNAMENT TITLE	City		Country		
COPA CANAL DE PANAMA	Panama		Panama		
Tournament Dates	Entry Deadline	Withdrawal Deadline			
17-22 Feb, 2024	Jan 30, 2024		Feb 13, 202	4	
Post Address for entries					
Withdrawal Fax Number	Email address	noil nom			
	coteccjuniorU14@hotn	nail.com			
	WITHDRAWALS M	ADE BY			
National Tennis Association	Contact person (name)		Position in National TA		
Talashana	Fey		[Fmail		
Telephone	Fax		Email		
ВО	YS 14 & UNDER - V	Vithdrawals	S		
Fomily Name	PLAYER First Name	Motionality	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					
GIR	RLS 14 & UNDER - V	Nithdrawal	s		
<u> </u>	PLAYER			Medical /	Certificate
Family Name	First Name	Nationality	Date of Birth	/ Other	Attached /
1		3-letter code	Date/Month/Year	reason	/ To follow
2					
3				ļ	
4					
5					
6					
7					
8					
9					
10					
	DATE AND CLOSE	ATURE			
	DATE AND SIGNA	ATURE			