TRINITY CUP

FACT SHEET



14 & UNDER DIVISION

14 & UNDER DIVI	SION			2024		Page 1			
TOURNAMENT NA	ME AND D	ATES							
	Name of Tournam	nent		City & Country		Grade			
Tournament	Trinity	/ Cup		Trinidad		2			
Dates	Date of Monday in April 1st 2	Tournament Week	First day of Round Robin March 30th, 2024	First day of Main Draw & 0 April 1st, 2024	Consolation Draw	Last day of Tournament April 4th, 2024			
DRGANISER DETA	ILS								
	Entry Deadline (D	Date)							
Entry Deadline	March 11t	h, 2024							
	Name of Organise		Street/PO Box address	Pos	st code	City, Country			
	Tennis As	sociation of	Trinidad and Tobago			Tacarigua			
	Country code	Area code	Number						
Entry Organiser	1	868	702-7537						
	Email address coteccjuni	Email address coteccjuniorU14@hotmail.com							
VENUE	Name of Club/Ver			Contact person					
/enue	The Nation	nal Racquet	Sports Centre	Jermille Dancla	Jermille Danclar				
Address	LP#8 Orar	nge Grove F	Road, Tacarigua						
	Indoors/Outdoors	Type of surface		Number of courts		Brand of Balls			
Surface, Balls	Indoors	Hard		4		Penn			
	Country code	Area code	Number	Email-address					
Telephone, Email	1	868	702-7537	tennistt2.tatt@g	mail.com				
Fax	NA			Information to be fou	and on tournament web-s	ite:			
Internet address		www.tenr	iistt.info_	☑ Acceptance lists		☑ Order of Pla			
OURNAMENT DIR				<u> </u>					
	Name of Tournam			Post Address					
Tournament Director	Keshan M				acquet Sport Centr	е			
	Country code	Area code	Number	Email-address					
Telephone / Email	1	868	329-7839	keshan1@live.d	<u>com</u>				
Fax	NA	1							

	Name of Tourname	nt Director		Post Address				
Tournament Director	Keshan Moonasar			The National Racquet Sport Centre				
	Country code Area code Number E			Email-address				
Telephone / Email	1	868	329-7839	keshan1@live.com				
Fax	NA							
	Name of Referee			Country	ITF Certification			
Referee	Edwin Chu For			TTO	ITF White Badge			
	Country code Area code Number		Email-address					
Mobile phone / Email	1	868	329-6135	echufor@gmail.com				

DRAWS AND SIGN-IN DETAILS

Under 14			Draw size	Sign-in deadline			Start day	Prel. finish day	Entry Fee	
Boys	Round Rol	oin phase	32	Friday, Mar	ch 29th, 2024	@6.00pm	30/03/2024	31/03/2024		
&		<u>'</u>		,,	·	,				
Girls	Dobles ma	in Draw	16	Sunday, Ma	arch 31st 2024	@ 12:00pm	1/04/2024	4/04/2024		
						-	10 and December 31 2013			
		ro partici	pate in this age	uivision players in	idst be boilt betwe					
HOTELS							ates indicated are for perso	ns not getting fre	ee hospitality	
		Name of Hotel				Street Address				
Official Hot	tel 1	Holidaty Inn Express			#1 Explosion	Drive, Trincity				
Fax		Country code	Area code	Number		Email-address				
		1	868	607-4000 e	xt 648	kthomas@cre	ewsinn.com			
Reserve	through	Country code	Area code	Number			Single Room	Double Room / pp	Triple Room / pp	
ĺ		1	868	607-4000 e	xt 648	Room Rates	US 173.03 (code TAT)	US 185.13 (cd	ode TAT)	
Official Hot	tel 2	Contact person fo	r reservations	-		Direct telephone numb	per			
Telephor	ne / Email									
		Country code	Area code	Number			Single Room	Double Room / pp T	Triple Room / pp	
Fax	Fax					Room Rates				
Reserve	through	Contact person fo	r reservations			Direct telephone numb	er			
						l.				
HOSPITA		□ Full beeni	talitu fan Main D	warra mlarrawa ambir						
Players hos	spitality			raw players only	until olimination					
			☐ Full hospitality for Main Draw players only until elimination ☐ Full hospitality for Main Draw players until last member of team is eliminated							
			ease detail belov		idst member or tea	ani is eliminateu				
		No. of coaches	Level of hospitality							
Coaches h	ospitality	No Hospitality								
Hospitality	details	No Hospitality								
TDAVEL	AND VISA	INFORMA	TION							
INAVLL	AND VISA	Name of Airport	TION		Distance	Transportation from Ai	rport/Station to Club/Hotel			
Internation		Piarco Inte	rnational Ho	tel	3.6km	taxi to the hotel is available				
Domestic Airport										
Rail		1.				<u> </u>				
Travel remarks *										
Visa requir	ements									
	ements									
Visa requir			nvitation to obtain a v		rom					
				isa, please contact lle@hotmail.c	om					

ENTRY FORM



ENTRY INFORMATION										
TOURNAMENT TITLE	,									
Trinity Cup Tacarigua Trinidad										
Tournament Dates	Entry Deadline	Withdrawal Deadline								
March 30th - April 4th 2024	March 11th 2024	March 25th, 2024								
ELIGIBILIDAD / ELIGIBILITY										
To participate in this age division players must be born between	en January 1st 2010 and December 31 2013 an	d be 11 years old on the day the tournament begins								
Entry Fax Number	Email address									
	coteccjuniorU14@hotmail.com									
ENTRIES SANCTIONED BY										
National Tennis Association	ational Tennis Association Contact person (name) Position in National TA									

ENTRIES SANCTIONED BY							
National Tennis Association	Contact person (name)	Position in National TA					
Trinidad and Tobago	Jermille Danclar	Executive Director					
Telephone	Fax	Email					
1-868-471-9493	NA	tennistt2.tatt@gmail.com					

OFFICIAL COACHES ASSIGNED BY NATIONAL ASSOCIATION Name of Coach 1 Name of Coach 2

	BOYS 14 & UNDER - Entries in priority order -								
		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 & UNDER - Entries in priority order -								
		PLAYER				National			
#	Family Name	First Name	Nationality 3-letter code	Date of Birth Date/Month/Year	IPIN	ranking 14 & Under			
1			0 101101 0000	Date, mentil real		14 a Ollaci			
2									
3									
4									
5									
6									
7									
8									
9									
10									

DATE AND SIGNATURE						
	Sanction date	Signature				

WITHDRAWAL FORM



WITHDRAWAL INFORMATION							
TOURNAMENT TITLE	City	Country					
Trinity Cup	Tacarigua	Trinidad					
Tournament Dates March 30th - April 4th 2024	Entry Deadline March 11th 2024		Withdrawal Deadline March 25th, 20	124			
Post Address for entries	Iviaicii i i iii 2024		March 25th, 20) <u>24</u>			
Withdrawal Fax Number	Email address						
	coteccjuniorU14@hotma	<u>iil.com</u>					
	WITHDRAWALS MA	ADE BY					
National Tennis Association	Contact person (name)		Position in National TA				
Trinidad and Tobago	JermilleDanclar		Executive Directo	r			
Telephone	Fax		Email				
В	DYS 14 & UNDER - W	ithdrawals	S				
	PLAYER	1		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							
GI	RLS 14 & UNDER - W	/ithdrawal	S				
	PLAYER			Medical /	Certificate		
Family Name	First Name	Nationality 3-letter code	Date of Birth Date/Month/Year	/ Other reason	Attached / / To follow		
1		o letter code	Date/World / Teal	reason	7 10 10110W		
2							
3							
4							
5							
6							
7							
8							
9							
10							
	DATE AND SIGNA	TURE					
	Date		Signature				