

COPA EL SALVADOR

14 & UNDER DIVISION

COTECC Junior Circuit

FACT SHEET

2024



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TOURNAMENT NAME AND DATES

Tournament	Name of Tournament		City & Country	Grade
	Copa El Salvador U14		San Salvador, El Salvador	2
Dates	Date of Monday in Tournament Week	First day of Round Robin	First day of Main Draw & Consolation Draw	Last day of Tournament
	27/5/2024	25/5/2024	27/5/2024	30/5/2024

ORGANISER DETAILS

Entry Deadline	Entry Deadline (Date)				
	May 6th, 2024				
Entry Organiser	Name of Organiser		Street/PO Box address	Post code	City, Country
	Federación Salvadoreña de Tenis		Final Col. Jardines de La Sabana, Polideportivo de Merliot		San Salvador, ESA
	Country code	Area code	Number		
	503		7868-7888		
	Email address				
	coteccjuniorU14@hotmail.com				
Eligibility	<p>The minimum age required to participate in the U14 COTECC Circuit tournaments is to be 11 years old <u>on the day</u> that the U14 tournament begins. And the maximum age is to turn 14 during the year of competition. <u>Born between January 1, 2010 and December 31, 2013.</u></p>				

VENUE

Venue	Name of Club/Venue			Contact person		
	Federación Salvadoreña de Tenis			Mónica Cáceres		
Address	Final Col. Jardines de La Sabana, Polideportivo de Ciudad Merliot.					
Surface, Balls	Indoors/Outdoors	Type of surface		Number of courts	Brand of Balls	
	Outdoor	Hard		4	TBC	
Telephone, Email	Country code	Area code	Number	Email-address		
	503		7868-7888	administracion@fstenis.org		
Fax				Information to be found on tournament web-site:		
Internet address	N/A			<input type="checkbox"/> Acceptance lists	<input type="checkbox"/> Draws	<input type="checkbox"/> Order of Play

TOURNAMENT DIRECTOR & REFEREE

Tournament Director	Name of Tournament Director			Post Address	
	César Nolasco			Final Col. Jardines de La Sabana, Polideportivo de Merliot.	
Telephone / Email	Country code	Area code	Number	Email-address	
	503		7281-1272	gerenciatecnica@fstenis.org	
Fax					
Referee	Name of Referee			Country	ITF Certification
	Julio Mairena			NCA	White Badge
Mobile phone / Email	Country code	Area code	Number	Email-address	
	505		8985-2105	icesarm90@hotmail.com	

DRAWS AND SIGN-IN DETAILS

Under 14		Draw size	Sign-in deadline	Start day	Prel. finish day	Entry Fee
Boys & Girls	Round Robin phase	32	viernes, 24/5/2024, 4 to 6 pm	25/5/2024	26/5/2024	\$50.00
	Dobles main Draw	16	domingo, 26/5/2024 at 12 pm	27/5/2024	30/5/2024	
To participate in this age division players must be born between January 1st 2010 and December 31 2013						

HOTELS

Rates indicated are for persons not getting free hospitality

Official Hotel 1	Name of Hotel			Street Address			
	Hotel Plaza & Suites			89 avenida norte y 11 calle poniente, San Salvador			
Fax	Country code	Area code	Number	Email-address			
Reserve through	503		2133-7077	reservascp@agrisal.com			
	Country code	Area code	Number	Room Rates	Single Room	Double Room / pp	Triple Room / pp
Official Hotel 2	503		3133-7078	\$112.10	\$112.10	\$123.90	
Telephone / Email	Contact person for reservations			Direct telephone number			
	Jaime Girón			(503) 7073-6715			
Fax	Holiday Inn			Bulevard Santa Elena			
	Country code	Area code	Number	Room Rates	Single Room	Double Room / pp	Triple Room / pp
Reserve through	503		213-7079	\$112.10	\$112.10	\$123.90	
	Contact person for reservations			Direct telephone number			
	Jaime Girón			(503) 7073-6715			

HOSPITALITY

Players hospitality	<input type="checkbox"/> Full hospitality for Main Draw players only <input type="checkbox"/> Full hospitality for Main Draw players only until elimination <input type="checkbox"/> Full hospitality for Main Draw players until last member of team is eliminated <input checked="" type="checkbox"/> Other. Please detail below	
Coaches hospitality	No. of coaches	Level of hospitality
		No Hospitality
Hospitality details	No hospitality for all players	

TRAVEL AND VISA INFORMATION

International Airport	Name of Airport	Distance	Transportation from Airport/Station to Club/Hotel
Domestic Airport	Moseñor Oscar Arnulfo Romero	41 km	No
Rail	None		
Travel remarks	*		
Visa requirements	Every player and companions are responsible to find out about the visa requirements for our country		
Visa Invitations	If you require an invitation to obtain a visa, please contact Mónica Cáceres		

OTHER INFORMATION

There will be transportation from the official hotels to the venue and vice versa. Please check everyday in the front desk all the information about draws, order of play and transportation.



ENTRY INFORMATION

TOURNAMENT TITLE COPA EL SALVADOR	City SAN SALVADOR	Country EL SALVADOR
Tournament Dates 25-30 de mayo, 2024	Entry Deadline 6 de mayo	Withdrawal Deadline 20 de mayo
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	

BOYS 14 & UNDER - Entries in priority order -

#	Family Name	PLAYER First Name	Nationality 3-letter code	Date of Birth Date/Month/Year		National ranking 14 & Under
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

GIRLS 14 & UNDER - Entries in priority order -

#	Family Name	PLAYER First Name	Nationality 3-letter code	Date of Birth Date/Month/Year	IPIN	National ranking 14 & Under
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

DATE AND SIGNATURE

	Date	Signature
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WITHDRAWAL INFORMATION

TOURNAMENT TITLE COPA EL SALVADOR	City SAN SALVADOR	Country EL SALVADOR
Tournament Dates 25-30 de mayo, 2024	Entry Deadline 6 de mayo	Withdrawal Deadline 20 de mayo
Post Address for entries		
Withdrawal Fax Number	Email address cotecccjuniorU14@hotmail.com	

BOYS 14 & UNDER - Withdrawals

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

GIRLS 14 & UNDER - Withdrawals

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

DATE AND SIGNATURE

Date	Signature
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