COPA MANGO

FACT SHEET



14 & UNDER DIVISION

14 & UNDER D	4 & UNDER DIVISION		2024	Page
TOURNAMENT	NAME AND DATES			
	Name of Tournament		City & Country	Grade
Tournament	COPA MANGO		Santo Domingo	3
	Date of Monday in Tournament Week	First day of Round Robin	First day of Main Draw & Consolation Draw	Last day of Tournament
Dates	15 de Julio, 2024	13 de Julio, 2024	15 de Julio, 2024	18 de Julio, 2024

ORGANISER DET	AILS					
	Entry Deadline (D	Date)				
Entry Deadline 24 de Junio, 2024						
			Street/PO Box address		Post code	City, Country
			Av. Boulevard del Faro, Centro	tro Nacional de Tenis Parque del Este 11604 Santo Domingo		Santo Domingo
	Country code	Area code	Number		•	
Entry Organiser	1	809	483-8881/82			
	Email address					
	coteccjuni	orU14@hotmail.d	<u>com</u>			
Eligibility	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/Venue	1		Contact person				
Venue	Federacio	Federacion Dominicana Tenis		Juana Alvarez	Juana Alvarez			
Address	Av. Boulevar	v. Boulevard del Faro, Centro Nacional de Tenis Parque del Este						
	Indoors/Outdoors	Indoors/Outdoors Type of surface		Number of courts	Number of courts		Brand of Balls	
Surface, Balls	Outdoors	Outdoors Hard (Plexipave)			13		Wilson Championship Extra Duty	
	Country code	Area code	Number	Email-address				
Telephone, Email	1	809	483-8881/82	fedotenisrd@gmail.com				
Fax	1	809	483-8883	Information to be found on tourname	nt web-site:			
Internet address				☑ Acceptance lists		✓ Draws	☑ Order o	if Play

TOURNAMENT DIRECTOR & REFEREE						
	Name of Tournament	Director		Post Address		
Tournament Director	Sergio Tobal		Av. Boulevard del Faro, Centro Nacional de Tenis Parque del Este			
	Country code	Area code	Number	Email-address		
Telephone / Email	1	809	224-0950	fedotenisrd@gmail.com		
Fax	1	809	483-8883			
	Name of Referee			Country	ITF Certification	
Referee	Abel Alvarez			Cuba	White Badge	
	Country code	Area code	Number	Email-address		
Mobile phone / Email	+53	5	2965436	a20a04@yahoo.es		

DRAWS AND SIGN-IN DETAILS

der 14			Draw size	Sign-in deadline			Start day	Prel. finish day	Entry Fee
Boys &	Round Rob	oin phase	32	Viernes, 12	de Julio, 2	024 de 2 a 6 P.M.	13/7/24	14/7/2024	
irls	Dobles ma	in Draw	16	Domingo, 14	de Julio, 2	2024 a las 12 P.M.	15/7/2024	18/7/2024	US\$50
			To participate in	n this age division p	olayers must	be born between January 1st 2010 and Dec	cember 31 2013		
TELS							Rates indicated	are for persons not	getting free hos
		Name of Hotel				Street Address			
ial Hot	el 1	Club Direccio	on General de Adu	anas (DGA		Av. Los Palmares Km. 17, Autopista D	De Las Americas, Dominica	an Republic	
ax		Country code	Area code	Number T		Email-address			
		1	809	483-8881/82		fedotenisrd@gmail.com			
eserve	through	Country code	Area code	Number			Single Room	Double Room / pp	Triple Room / pp
		1	809	549-2525		Room Rates	US\$95.00	N/A	N/A
ial Hot	el 2	Contact person for	reservations			Direct telephone number			
		Juana Alvar	ez			781-469-9678			
elepho	ne / Email								
		Country code	Area code	Number		B B	Single Room	Double Room / pp	Triple Room / pp
ix		Contact person for	reservations			Room Rates Direct telephone number		<u> </u>	
eserve	through	•							
SPITA	LITY								
	spitality	☐ Full hospita	ality for Main Draw pl	ayers only					
		☐ Full hospita	ality for Main Draw pl	ayers only until elir	mination				
			Full hospitality for Main Draw players until last member of team is eliminated						
		☐ Full hospita	ality for Main Draw pl	ayers until last me	mber of team	n is eliminated			
		· ·	ality for Main Draw pl ase detail below	ayers until last mei	mber of team	n is eliminated			
:hes h	ospitality	· ·		ayers until last mei	mber of team	n is eliminated			
	ospitality details	Other. Plea	Level of hospitality Not Hospitality	1		n is eliminated	on from the aiport to the	o oficial hotel and	from the
oitality	details	Other. Plea	Level of hospitality Not Hospitality at the official hote	1			on from the aiport to the	e oficial hotel and	from the
oitality	details AND VISA	Other. Plea	Level of hospitality Not Hospitality at the official hote nnis Center.	el include: tax.,	bed, breat	kfast, lunch, dinner and transportati	on from the aiport to the	e oficial hotel and	from the
VEL	details AND VISA al Airport	Other. Plea	Level of hospitality Not Hospitality at the official hote	el include: tax.,	bed, breal	kfast, lunch, dinner and transportati	on from the aiport to the	e oficial hotel and	from the
VEL	details AND VISA al Airport	Other. Plea	Level of hospitality Not Hospitality at the official hote nnis Center.	el include: tax.,	bed, breat	kfast, lunch, dinner and transportati	on from the aiport to the	e oficial hotel and	from the
VEL nation	AND VISA al Airport	Other. Plea	Level of hospitality Not Hospitality at the official hote nnis Center.	el include: tax.,	bed, breat	kfast, lunch, dinner and transportati	on from the aiport to the	e oficial hotel and	from the
AVEL rnation lestic A	AND VISA al Airport	Other. Plea	Level of hospitality Not Hospitality at the official hote nnis Center.	el include: tax.,	bed, breat	kfast, lunch, dinner and transportati			from the
AVEL rnation lestic A	AND VISA al Airport Airport	Other. Plea No. of coaches The rates a hotel to Te INFORMAT Name of Airport Aeropuerto Int	Level of hospitality Not Hospitality at the official hote nnis Center.	el include: tax.,	bed, breat	kfast, lunch, dinner and transportati Transportation from Airport/Station to Club/Hotel Yes			from the
AVEL rnation nestic A vel rem	AND VISA al Airport Airport	Other. Plea No. of coaches The rates a hotel to Te INFORMAT Name of Airport Aeropuerto Int *	Level of hospitality Not Hospitality Not Hospitality at the official hote ennis Center.	el include: tax.,	bed, breat	kfast, lunch, dinner and transportati Transportation from Airport/Station to Club/Hotel Yes			from the

Free transportation for players stayed at the official hotel

Stringin: US\$15 Massage: US\$25

Laundry: US\$2.50 per pound

ENTRY FORM



ENTRY INFORMATION						
TOURNAMENT TITLE	City		Country			
COPA MANGO	Santo Domingo		DOM			
Tournament Dates	Entry Deadline		Withdrawal Deadline			
13-18 de Julio, 2024 ELIGIBILIDAD / ELIGIBILITY	24 de junio 2024		8 de julio 202	4		
To participate in this age division players must be born be	tween January 1st 2010 and Dece	mber 31 2013 ar	d be 11 years old on	the day the tournan	nent begins	
Entry Fax Number	Email address coteccjuniorU14@hotma	ail.com				
	ENTRIES SANCTION	IED BY				
National Tennis Association	Contact person (name)		Position in National TA			
Telephone	Fax		Email			
OFFICIAL COAC	HES ASSIGNED BY N	ATIONAL A	SSOCIATION			
Name of Coach 1	TEO AGGIONES STIN	Name of Coach 2				
BOYS 14	& UNDER - Entries in	n priority o	rder -			
	PLAYER				National	
Family Name	First Name	Nationality 3-letter code	Date of Birth Date/Month/Year		ranking 14 & Under	
1		o lottor codo	Date/Mental/Fear		14 & 011401	
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	
Sanction date	Signature

WITHDRAWAL FORM



		Autor displayed			
WITHDRAWAL INFORMATION					
TOURNAMENT TITLE	City	Country			
COPA MANGO	Santo Domingo	DOM			
Tournament Dates	Entry Deadline	Withdrawal Deadline			
13-18 de Julio, 2024	24 de junio 2024	8 de julio 2024			
Post Address for entries					
Withdrawal Fax Number	Email address				
	coteccjuniorU14@hotmail.com	<u>n</u>			
	WITHDRAWALS MADE	DV			
National Tennis Association	Contact person (name)	Position in National TA			
Telephone	Fax	Email			

	BOYS 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								

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

DATE AND SIGNATURE			
	Date	Signature	