COPA MUNDO MAYA

FACT SHEET



14 & UNDER DIVISION			2024	OTEC	Page 1(2)
TOURNAMENT	NAME AND DATES				
	Name of Tournament		City & Country	Grade	
Tournament	Copa Mundo Maya	by U. Galileo	Guatemala	2	
	Date of Monday in Tournament Week	First day of Round Robin	First day of Main Draw & Consolation Draw	Last day of Tournamen	t
Dates	10/06/2024	8/06/2024	10/06/2024	13/06/2024	

ORGANISER DET	AILS						
	Entry Deadline (D	Date)					
Entry Deadline	20/05/24						
Name of Organiser		er	Street/PO Box address		Post code	City, Country	
	Jorge Tejada		Calle Mateo Flores y 10 A	Calle Mateo Flores y 10 Ave. Zona 05		Guatemala	
	Country code	Area code	Number				
Entry Organiser	502		5206-5050				
	Email address	•					
	coteccjuniorU14@hotmail.com						
Eligibility	the day th	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	Name of Club/Venue Co		Contact person			
Venue	Federacion	ion de tenis zona 15		Jorge Tejada			
Address	3a calla 16-75 z 15 colonia Minerva						
	Indoors/Outdoors	Type of surface			Number of courts		Brand of Balls
Surface, Balls	Outdoors	Hard			4	Penn	Championship
	Country code	Area code	Number		Email-address		_
Telephone, Email	502		5206-5050		itejada@rygmedia.	<u>com</u>	
Fax					Information to be found of	n tournament wel	b-site:
Internet address		www.rygmedia.com			☐ Acceptance lists	☑ Draws	Order of Play

TOURNAMENT DIRECTOR & REFEREE								
	Name of Tourname	ent Director		Post Address				
Tournament Director	Alvaro Prado							
	Country code	Area code	Number	Email-address				
Telephone / Email	502		4058-3850	alvaro.prado.fonseca@gmail.com				
Fax								
	Name of Referee			Country	ITF Certification			
Referee	Diego Navidad			ESA	White Badge			
	Country code	Area code	Number	Email-address				
Mobile phone / Email	503		7033-9028	diegotwin24@hotmail.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 Jun 7	th at 18:00	hrs	8/06/24	9/06/24		
&		'							•	
Girls	Dobles ma	ain Draw	16	Sunday Jun	9th at 12:00	0 hrs	10/06/24	13/06/24	\$50	
	Т	o participate in	this age division	players must be	e born betwee	n January 1st 2	010 and December 31 20	013		
HOTELS										
		Name of Hotel				Street Address				
Official Hote	el 1	Clarion Sui	tes Guatema	la		14 calle 3-0	8 zona 10			
Fax		Country code	Area code	Number		Email-address				
Reserve t	hrough	Country code	Area code	Number			Single Room	Double Room / pp	Triple Room / pp	
		502		2421-3333		Room Rates	\$87	\$92	\$110	
Official Hote	el 2	Contact person for	reservations			Direct telephone nu	mber			
		Deniss Cor	tave			+502 5318-	1120			
Telephon	e / Email									
F		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 t	hrough									
HOSPITA	LITV									
Players hos		☐ Full hospit	ality for Main Dr	aw players only						
	, p			aw players only	until eliminatio	n				
		☐ Full hospit	ality for Main Dr	aw players until	last member of	of team is eliminated				
		☐ Other. Ple	ase detail below							
		No. of coaches	Level of hospitality							
Coaches ho			N/A							
Hospitality	details									
TRAVEL	AND VISA	INFORMAT	ΓΙΟΝ							
Internationa	al Airport	Name of Airport	International		Distance 6 km	Transportation from N/A	Airport/Station to Club/Hotel			
Domestic A		La Autora,	momanona		UNII	14// \				
Rail	•									
Travel rema	ırks	*								
Visa require	ements	Please	check with y	our travel ag	ency well in	advance				
		If you require an invitation to obtain a visa, please contact								
Visa Invita	ations		Jabes Ardo		gerentetecr	nico@fedete	nisguate.com			

OTHER INFORMATION

Please make hotel reservations before Jun 1st, after that date, hotel doesn't guarantee space and rates after that date.

COTECC U14 CIRCUIT

ENTRY FORM



	ENTRY INFORMAT	ION				
TOURNAMENT TITLE	City		Country			
Copa Mundo Maya	Guatemala		Guatemala			
Tournament Dates	Entry Deadline		Withdrawal I	Deadline		
8-13 de junio, 2024 ELIGIBILIDAD / ELIGIBILITY	20/05/2024		3/06/2024			
To participate in this age division players must be born between	een January 1st 2010 and Decer	nber 31 2013 an	d be 11 years old on	the day the tournan	nent begins	
Entry Fax Number	Email address					
	coteccjuniorU14@hotma	il.com				
E	ENTRIES SANCTION	ED BY				
National Tennis Association	Contact person (name)		Position in National TA			
Telephone	Fax		Email			
OFFICIAL COACHI	ES 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 3-letter code	Date of Birth Date/Month/Year		ranking 14 & Under	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
GIRLS 14 8	& UNDER - Entries in	priority o	rder -			
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						
10						

DATE AND SIGNATURE				
Sanction date	Signature			



					COTE	EC
		WITHDRAWAL INFO	RMATION			
TOURNA	MENT TITLE	City		Country		
С	opa Mundo Maya	Guatemala		Guatemala		
Tour	nament Dates	Entry Deadline		Withdrawal D	eadline	
8-	-13 de junio, 2024	20/05/2024		3/06/2024		
	ress for entries					
Withdraw	al Fax Number	Email address				
		coteccjuniorU14@hotm	nail.com			
		WITHDRAWALS N	IADE BY			
National 7	Tennis Association	Contact person (name)		Position in National TA		
Telephon	e	Fax		Email		
<u> </u>						
	В	OYS 14 & UNDER - \	Withdrawals	6		
		PLAYER			Medical /	Certificate
#	Family Name	First Name	Nationality 3-letter code	Date of Birth Date/Month/Year	/ Other	Attached / / To follow
1			3-letter code	Date/Month/ Fear	reason	/ 10 10110W
2						
3						
\vdash						
4						
5						
6						
7						
8						
9						
10						

GIRLS 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								

DATE AND SIGNATURE					
	Date	Signature			