# **TIHTA U14**

### **FACT SHEET**



14 & UNDER DIVISION

2024

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	Name of Tournament		City & Country	Grade	
Tournament	7nament 35th TIHTA International Junior Tennis Tournament		Noord, Aruba	3	
	Date of Monday in Tournament Week	First day of Round Robin	First day of Main Draw & Consolation Draw	Last day of Tournament	
Dates July 1st June 29th		July 1st	July 4th		

ORGANISER DETAI	ILS						
	Entry Deadline (Da	ate)					
Entry Deadline June 10th							
	Name of Organise	ır	Street/PO Box address		Post code	City, Country	
	Tennis Aruba		Avenida Milio Croes 40-A		N/A	Dakota, Aruba	
	Country code	Area code	Number				
Entry Organiser	297		7300501				
	Email address						
	coteccjunio	rU14@hotma	<u>ail.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/Ven	ue			Contact person	Contact person			
Venue	Aruba Race	quet Club			Jonathan Goitia				
Address	Rooi Santo	21, Noord,	Aruba						
	Indoors/Outdoors	Indoors/Outdoors Type of surface					Brand of Balls		
Surface, Balls	Outdoors	Hard			6		Dunlop		
	Country code	Area code	Number	,	Email-address				
Telephone, Email	297		5860215		info@arc.aw				
Fax	N/A	N/A			Information to be found	on tournament we	eb-site:		
Internet address	www.arc.av	<u>v</u>			☑ Acceptance lists	✓ Draws	Ondier of Play		

TOURNAMENT DIRECTOR & REFEREE								
	Name of Tournam	ent Director		Post Address	Post Address			
Tournament Director	Jonathan Goitia			Rooi Santo 21, Noord, Aruba				
	Country code Area code Number			Email-address				
Telephone / Email	+297	+297 7317211			goitiatennisperformance@outlook.com			
Fax								
	Name of Referee			Country	ITF Certification			
Referee	Erich Ovied	lo R		VEN	ITF White Badge			
	Country code	Area code	Number	Email-address				
Mobile phone / Email	Mobile phone / Email +58 4129650624			bubuoviedo@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	ne 28th at 18 hrs			June 29	June 30		
Girls	Dobles ma	ain Draw	16	Sunday, Ju	ine 30th at 12 hrs			July 1st	July 4th	\$50	
		To participate in this age division players must be born between January 1st 2010 and			010 and Decem	-					
HOTELS								indicated are for person	s not getting f	ree hospitality	
HOTELS		Name of Hotel					Street Address	illulcated are for person	is not getting n	ee nospitality	
Official Hot	tal 1	Holiday Inr	0					uin Blvd 230, Noord,	Aruba		
Fax		Country code	Area code	Number			Email-address	IIII DIVU 200, NOOTA,	Aluba		
		297		58363600			rene.croes@	@ihg.com			
Reserve	through	Country code	Area code	Number			Room Rates	Single Room	Double Room / pp	Triple Room / pp	
Official Hot	tel 2	Contact person fo	or reservations				Direct telephone nu	_	202	292	
Telephoi	ne / Email	-	<del></del>	Τ							
Fax		Country code	Area code	Number			Room Rates	Single Room	Double Room / pp	Triple Room / pp	
Reserve	through	Contact person for	or reservations				Direct telephone nu	umber			
HOSPITA	ALITY										
Coaches hi		☐ Full hospii ☐ Other. Ple No. of coaches 0 It's recom If players	tality for Main D ease detail below Level of hospitality No Hospita	oraw players until v v lity t players book get housing,	v until elimination I last member of team is eli k an airbnb through the please email info@te	e platform as	these are more more to get ass	ore affordable instea	d of booking will granted a	at a hotel. at a first	
TRAVEL	AND VISA	INFORMAT	TION								
		Name of Airport		1.41	Distance			n Airport/Station to Club/Hotel			
Internation		Reina Bear	trix Internatio	nal Airport	15km		No				
Domestic A Rail	Airport	+			<u> </u>			<del> </del>			
Travel rema	arks	*									
Visa requir	ements	visa requ	irements or	nly for certain	n countries. Specific aruba-entry-r				uba.com/tra	aveling-to-	
Visa Invi	itations		invitation to obtain a v	visa, please contact		94	<u> </u>	,			
	NFORMAT		<u> </u>	carasaree							
OTTENT	T ONMAT										

### **COTECC U14 CIRCUIT**

### **ENTRY FORM**



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ENTRY INFORMATION							
TOURNAMENT TITLE	City	Country					
TIHTA	Noord	Aruba					
Tournament Dates	Entry Deadline	Withdrawal Deadline					
June 29th-July 4th, 2024	June 10th	June 24th					
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 -									
		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 & UNDER - Entries in priority order -										
	PLAYER									
#	Family Name	First Name	Nationality 3-letter code	Date of Birth Date/Month/Year	IPIN	ranking 14 & Under				
1			3 letter code	Date/World / Tear		14 & Olider				
2										
3										
4										
5										
6										
7										
8										
9										
10										

DATE AND SIGNATURE	
Sanction date	Signature

# **Cotecc Circuit**

# WITHDRAWAL FORM



WITHDRAWAL INFORMATION						
TOURNAMENT TITLE	City	Country				
TIHTA	Noord	Aruba				
Tournament Dates	Entry Deadline	Withdrawal Deadline				
June 29th-July 4th, 2024	June 10th	June 24th				
Post Address for entries						
Withdrawal Fax Number	Email address					
	coteccjuniorU14@hotmail.com					

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

DATE AND SIGNATURE		
	Date	Signature