

# PANAMA CUP 2

14 & UNDER DIVISION

COTECC Junior Circuit

## FACT SHEET

2024



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### TOURNAMENT NAME AND DATES

Tournament	Name of Tournament		City & Country	Grade
	Panama CUP 2 U-14		Panama, Rep. de Panama	3
Dates	Date of Monday in Tournament Week	First day of Round Robin	First day of Main Draw & Consolation Draw	Last day of Tournament
	Oct 21, 2024	Oct 19, 2024	Oct 21, 2024	Oct 24, 2024

### ORGANISER DETAILS

Entry Deadline	Entry Deadline (Date)			
	Sep 30, 2024			
Entry Organiser	Name of Organiser		Street/PO Box address	Post code
	Federacion Panameña de Ten		Calle 4ta Diana Moran, Llanos de Curundu	0815-01611
	Country code	Area code	Number	City, Country
	(507)	232	5196	Panama, Rep. De Panama
Eligibility	Email address			
	<a href="mailto:coteccjuniorU14@hotmail.com">coteccjuniorU14@hotmail.com</a>			
<p>The minimum age required to participate in the U14 COTECC Circuit tournaments is to be 11 years old <u>on the day that the U14 tournament begins</u>. 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
	Centro de Alto Rendimiento Fred Maduro			Harold Bobby Johnson
Address	Calle 4ta Diana Moran, Llanos de Curundu			
Surface, Balls	Indoors/Outdoors	Type of surface		Number of courts
	Outdoors	Clay Courts (RED)		7 Courts
Telephone, Email	Country code	Area code	Number	Email-address
	507	232	5196	<a href="mailto:desarrollo@feptenis.org">desarrollo@feptenis.org</a>
Fax				Information to be found on tournament web-site:
Internet address				<input checked="" type="checkbox"/> Acceptance lists <input checked="" type="checkbox"/> Draws <input checked="" type="checkbox"/> Order of Play

### TOURNAMENT DIRECTOR & REFEREE

Tournament Director	Name of Tournament Director			Post Address
	Harold Bobby Johnson			
	Country code	Area code	Number	Email-address
Telephone / Email	507		6094-7438	<a href="mailto:desarrollo@feptenis.org">desarrollo@feptenis.org</a>
Fax				
Referee	Name of Referee			Country
	Diego Navidad			ITF Certification
Mobile phone / Email	Country code	Area code	Number	Email-address
	+503		7033 9028	<a href="mailto:diegotwin24@hotmail.com">diegotwin24@hotmail.com</a>

### 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	Friday Oct 18 at 18:00 hrs.	Sat Oct 19, 2024	Sun Oct 20	\$50.00
	Dobles main Draw	16	Sunday Oct 20 at 12:00 hrs.	Mon Oct 21, 2024	Thu Oct 24	
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 Gran Evenia			Calle Eusebio A. Morales esq. Calle Augusto Samuel Boyd			
Fax	Country code	Area code	Number	Email-address			
Reserve through	507	296	9100	<a href="mailto:anabel.aguilar@eveniahotels.com">anabel.aguilar@eveniahotels.com</a>			
	Country code	Area code	Number	Room Rates	Single Room	Double Room / pp	Triple Room / pp
Official Hotel 2	507		6522-3217	\$ 88.00	\$ 99.00		
Telephone / Email	Contact person for reservations			Direct telephone number			
	Anabel Aguilar			507 6522-3217			
Fax	Country code	Area code	Number	Room Rates	Single Room	Double Room / pp	Triple Room / pp
Reserve through	Contact person for reservations			Direct telephone number			

## 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 type="checkbox"/> Other. Please detail below	
Coaches hospitality	No. of coaches	Level of hospitality
Hospitality details	N/A	

## TRAVEL AND VISA INFORMATION

International Airport	Name of Airport	Distance	Transportation from Airport/Station to Club/Hotel
Domestic Airport	Tocumen International Airport	28 KMS.	
Rail			
Travel remarks	*		
Visa requirements	Consult with their embassies or consulates		
Visa Invitations	If you require an invitation to obtain a visa, please contact No invitation letter is needed to enter Panama		

STRINGING FEE USD \$ 15.00



## ENTRY INFORMATION

TOURNAMENT TITLE	City	Country
<b>COPA PANAMA CUP 2</b>	<b>Panama</b>	<b>Panama</b>
Tournament Dates	Entry Deadline	Withdrawal Deadline
<b>October 19-24, 2024</b>	<b>Sep 30, 2024</b>	<b>Oct 14, 2024</b>
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	
	<a href="mailto:coteccjuniorU14@hotmail.com">coteccjuniorU14@hotmail.com</a>	

## OFFICIAL COACHES ASSIGNED BY NATIONAL ASSOCIATION

Name of Coach 1	Name of Coach 2

## BOYS 14 &amp; 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 &amp; 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 INFORMATION**

TOURNAMENT TITLE	City	Country
<b>Panama Cup U14</b>	<b>Panama</b>	<b>Panama</b>
Tournament Dates	Entry Deadline	Withdrawal Deadline
<b>October 19-24, 2024</b>	<b>Sep 30, 2024</b>	<b>Oct. 14, 2024</b>
Post Address for entries		
Withdrawal Fax Number	Email address	
	<a href="mailto:coteccjuniorU14@hotmail.com">coteccjuniorU14@hotmail.com</a>	

**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