



14 & UNDER DIVISION

2025

| TOURNAMENT NAME AND DATES | | | | |
|---------------------------|--|---------------------------------------|---|------------------------------------|
| Tournament | Name of Tournament 36th TIHTA International Junior Tennis Tournament | | City & Country Noord, Aruba | Grade 3 |
| Dates | Date of Monday in Tournament Week June 30th | First day of Round Robin June 28th | First day of Main Draw & Consolation June 30th | Last day of Tournament July 3rd |

| ORGANIZER DETAILS | | | | |
|-------------------|---|-----------|---|--------------------------------|
| Entry Deadline | Entry Deadline (Date) June 10th at 14hrs DOM time | | | |
| Entry Organiser | Name of Organizer Tennis Aruba | | Street/PO Box address Avenida Milio Croes 40-A | Post code N/A |
| | Country code 297 | Area code | Number 7300501 | City, Country Dakota, Aruba |
| | Email address coteccjuniorU14@hotmail.com | | | |
| | | | | |
| Eligibility | 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, 2011 and December 31, 2014.</u> | | | |

| VENUE | | | | | |
|------------------|--|-----------------|---------|--|---|
| Venue | Name of Club/Venue Aruba Racquet Club | | | Contact person Gian Hodgson | |
| Address | Rooi Santo 21, Noord, Aruba | | | | |
| Surface, Balls | Indoors/Outdoors | Type of surface | | Number of courts | Brand of Balls |
| | Outdoors | Hard | | 6 | Dunlop |
| Telephone, Email | Country code | Area code | Number | Email-address | |
| | 297 | | 5860215 | info@arc.aw | |
| | N/A | | | Information to be found on tournament web-site: | |
| Internet address | www.arc.aw | | | <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 Gian Hodgson | | Address Rooi Santo 21, Noord, Aruba | |
| Telephone / Email | Country code 297 | Area code | Number 5937441 | Email-address gian@mycomputer-aruba.com |
| Referee | Name of Referee Erich Oviedo R | | Country VEN | ITF Certification ITF White Badge |
| Mobile phone / Email | Country code +58 | Area code | Number 4129650624 | Email-address bubuoviedo@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 | Friday, June 27th at 18 hrs | | June 28th | June 29th | US\$50 |
| | Main Draw/Doubles | 16 | Sunday, June 29th at 12 hrs | | June 30th | July 3rd | |
| To participate in this age division players must be born between January 1st 2011 and December 31 2014 | | | | | | | |
| HOTELS | | | | | | | |
| Official Hotel 1 | Name of Hotel | | | | Street Address | | |
| | Holiday Inn | | | | J.E. Irausquin Blvd 230, Noord, Aruba | | |
| Reserve through | Contact person/Email/Phone | | | | Hotel Direct telephone number/Email | | |
| | https://www.holidayarubaresort.com/en/ | | | | | | |
| Room rates | | Single Room | Double Room | Triple Room | | | |
| | | | | | | | |
| Official Hotel 2 | Name of Hotel | | | | Street Address | | |
| | | | | | | | |
| Reserve through | Contact person/Email/Phone | | | | Hotel Direct telephone number/Email | | |
| | | | | | | | |
| Room rates | | Single Room | Double Room | Triple Room | | | |
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| TRAVEL AND VISA INFORMATION | | | | | | | |
| International Airport | Name of Airport | | Distance | | Transportation from Airport/Station to Club/Hotel | | |
| | Reina Beatrix International Airport | | 15km | | No | | |
| Each player is responsible of finding out visa requirements to enter country | | | | | | | |
| Visa Invitations | If you require an invitation to obtain a visa, please contact name and email: | | | | | | |
| | Franz Sydow - info@tennisaruba.com | | | | | | |
| OTHER INFORMATION | | | | | | | |
| | | | | | | | |

COTECC U14 CIRCUIT

ENTRY FORM



| ENTRY INFORMATION | | |
|---------------------------------|------------------|---------------------|
| TOURNAMENT TITLE | City | Country |
| TIHTA | Noord | Aruba |
| Tournament Dates | Entry Deadline | Withdrawal Deadline |
| June 28th-July 3rd, 2025 | June 10th | June 17th |

ELIGIBILIDAD / ELIGIBILITY

To participate in this age division players must be born between January 1st 2011 and December 31 2014 and be 11 years old on the day the tournament begins

Enviar/Send to: coteccjunioru14@hotmail.com

BOYS 14 & UNDER

| # | Family Name | PLAYER First Name | Nationality 3-letter code | Date of Birth Date/Month/Year | | National ranking 14 & Under |
|----|-------------|----------------------|------------------------------|----------------------------------|--|-----------------------------------|
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GIRLS 14 & UNDER

| # | Family Name | PLAYER First Name | Nationality 3-letter code | Date of Birth Date/Month/Year | IPIN | National ranking 14 & Under |
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DATE AND SIGNATURE

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|--|------|-----------|
| | Date | Signature |
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COTECC U14 CIRCUIT**WITHDRAWAL FORM****WITHDRAWAL INFORMATION**

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|---------------------------------|------------------|---------------------|
| TOURNAMENT TITLE | City | Country |
| TIHTA | Noord | Aruba |
| Tournament Dates | Entry Deadline | Withdrawal Deadline |
| June 28th-July 3rd, 2025 | June 10th | June 17th |

Enviar/Send to: coteccjunioru14@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 | | |
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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 | | |
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DATE AND SIGNATURE

| | | |
|--|------|-----------|
| | Date | Signature |
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