

COPA MAIZ

14 & UNDER DIVISION

COTECC Junior Circuit

FACT SHEET

2025



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TOURNAMENT NAME AND DATES

Tournament	Name of Tournament COPA MAIZ		City & Country Santo Domingo	Grade 3
Dates	Date of Monday in Tournament Week 7 de Julio, 2025	First day of Round Robin 5 de Julio, 2025	First day of Main Draw & Consolation Draw 7 de Julio, 2025	Last day of Tournament 10 de Julio, 2025

ORGANISER DETAILS

Entry Deadline	Entry Deadline (Date) 17 de Junio, 2025 a las 14 hrs de DOM			
Entry Organiser	Name of Organiser Federacion Dominicana Tenis		Street/PO Box address Av. Boulevard del Faro, Centro Nacional de Tenis Parque del Este	Post code 11604
	Country code 1	Area code 809	Number 483-8881/82	City, Country Santo Domingo
	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

	Name of Club/Venue			Contact person	
Venue	Federacion Dominicana Tenis			Juana Alvarez	
Address	Av. Boulevard del Faro, Centro Nacional de Tenis Parque del Este				
Surface, Balls	Indoors/Outdoors	Type of surface	Number of courts		Brand of Balls
	Outdoors	Hard (Plexipave)	13		Wilson Championship Extra Duty
Telephone, Email	Country code	Area code	Number	Email-address	
	1	809	483-8881/82	fedotenisrd@gmail.com	
Fax	1	809	483-8883	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 Sergio Tobal		Post Address Av. Boulevard del Faro, Centro Nacional de Tenis Parque del Este	
Telephone / Email	Country code 1	Area code 809	Number 224-0950	Email-address fedotenisrd@gmail.com
Fax	1	809	483-8883	
Referee	Name of Referee Julio Caverio		Country Peru	ITF Certification white badge
Mobile phone / Email	Country code	Area code 506	Number 882-2727	Email-address juliocavero@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	Viernes, 4 de Julio, 2025 de 2 a 6 P.M.	5/7/25	6/7/2025	US\$60
	Dobles main Draw	16	Domingo, 6 de Julio, 2025 a las 12 P.M.	7/7/2025	10/7/2025	
	To participate in this age division players must be born between January 1st 2011 and December 31 2014					

HOTELS Rates indicated are for persons not getting free hospitality

Official Hotel 1	Name of Hotel Club Direccion General de Aduanas (DGA)			Street Address Av. Los Palmares Km. 17, Autopista De Las Americas, Dominican Republic			
Fax	Country code	Area code	Number	T	Email-address		
	1	809	483-8881/82		fedotenisrd@gmail.com		
Reserve through	Country code	Area code	Number		Single Room	Double Room / pp	Triple Room / pp
	1	781	469-9678		Room Rates	US\$95.00	US\$90.00
Official Hotel 2	Contact person for reservations			Direct telephone number			
	Juana Alvarez			781-469-9678			
Telephone / Email							
Fax	Country code	Area code	Number		Room Rates	Single Room	Double 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: Not Hospitality
Hospitality details	The rates at the official hotel include:tax., bed, breakfast, lunch, dinner and transportation from the airport to the oficial hotel and from the hotel to Tennis Center.

TRAVEL AND VISA INFORMATION

International Airport	Name of Airport Aeropuerto Internacional Las Americas (SDQ)	Distance 8 Km	Transportation from Airport/Station to Club/Hotel Yes
Domestic Airport			
Rail			
Travel remarks	*		
Visa requirements	Please contact Dominican Republic consulate in your Country		
Visa Invitations	If you require an invitation to obtain a visa, please contact Juana Alvarez Tel. 1 (809) 483-8881/82 fedotenisrd@gmail.com		

OTHER INFORMATION

The rates lunch are US\$12 at Fedotenis Restaurant
 Free transportation for players stayed at the official hotel
 Stringing: US\$15
 Massage: US\$25
 Laundry: US\$2.50 per pound



ENTRY INFORMATION

TOURNAMENT TITLE	City	Country
COPA MAIZ	Santo Domingo	DOM
Tournament Dates	Entry Deadline	Withdrawal Deadline
5-10 de Julio, 2025	17 de Junio 2025 a las 14 hrs de DOM	24 de Junio, 2025

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 - Entries in priority order -

#	Family Name	PLAYER		Nationality 3-letter code	Date of Birth Date/Month/Year	National ranking 14 & Under
		First Name				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

GIRLS 14 & UNDER - Entries in priority order -

#	Family Name	PLAYER		Nationality 3-letter code	Date of Birth Date/Month/Year	IPIN	National ranking 14 & Under
		First Name					
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

DATE AND SIGNATURE

	Sanction date	Signature
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WITHDRAWAL INFORMATION

TOURNAMENT TITLE	City	Country
COPA MAIZ	Santo Domingo	DOM
Tournament Dates	Entry Deadline	Withdrawal Deadline
5-10 de Julio, 2025	17 de Junio 2025	24 de Junio, 2025

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		
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