

COPA MANGO

COTECC Junior Circuit

FACT SHEET



14 & UNDER DIVISION

2025

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TOURNAMENT NAME AND DATES

Tournament	Name of Tournament COPA MANGO		City & Country Santo Domingo	Grade 3
Dates	Date of Monday in Tournament Week 14 de Julio, 2025	First day of Round Robin 12 de Julio, 2025	First day of Main Draw & Consolation Draw 14 de Julio, 2025	Last day of Tournament 17 de Julio, 2025

ORGANISER DETAILS

Entry Deadline	Entry Deadline (Date) 24 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 cotecccjuniorU14@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</u> that the U14 tournament begins . 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 Federacion Dominicana Tenis			Contact person Juana Alvarez
Address	Av. Boulevard del Faro, Centro Nacional de Tenis Parque del Este			
Surface, Balls	Indoors/Outdoors Outdoors	Type of surface Hard (Plexipave)	Number of courts 13	Brand of Balls Wilson Championship Extra Duty
Telephone, Email	Country code 1	Area code 809	Number 483-8881/82	Email-address 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
Fax	Country code 1	Area code 809	Number 483-8883
Referee	Name of Referee Julio Caveno		Country Peru
Mobile phone / Email	Country code 506	Area code 506	Number 882-2727
Email-address juliocaveno@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, 11 de Julio, 2025 de 2 a 6 P.M.	12/7/25	13/7/2025	US\$60
	Dobles main Draw	16	Domingo, 13 de Julio, 2025 a las 12 P.M.	14/7/2025	17/7/2025	
	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		Street Address			
		Club Direccion General de Aduanas (DGA		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	809	483-8182	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 official hotel and from the hotel to Tennis Center.	

TRAVEL AND VISA INFORMATION			
International Airport	Name of Airport	Distance	Transportation from Airport/Station to Club/Hotel
	Aeropuerto Internacional Las Americas (SDQ)	8 Km	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 AlvarezTel. 1 (809) 483-8881/82 fedotenisrd@gmail.com		

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



ENTRY INFORMATION		
TOURNAMENT TITLE	City	Country
COPA MANGO	Santo Domingo	DOM
Tournament Dates	Entry Deadline	Withdrawal Deadline
12-17 de Julio, 2024	24 de junio 2025	1 de julio 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 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 & 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
COPA MANGO	Santo Domingo	DOM
Tournament Dates	Entry Deadline	Withdrawal Deadline
12-17 de Julio, 2025	24 de junio 2025	1 de julio 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