Sub-region 4 cotecc







SR4 U16 Transitional Series

Trinidad Leg

















SR4 U16 Transitional Series – Trinidad Leg

This tournament will be held over 3 days in the lead-up to an ITF U18 tournament qualifying sign-in at the host country. Players will receive the much needed match play heading into their ITF tournament in an environment that facilitates player's further development in the sport.

Tournament Summary

- Winner of tournament receives a main draw wild card into ITF Trinidad-Trinity Cup 2019
- Quality matches A full draw of 16 will provide 5 matches in 3 days
- Lunch is provided for entered players daily on site
- Airport pick-ups are arrange for players arriving for the tournament
- Shuttle services for player and official coaches provided between hotel and venue daily
- Educational Forum provided to players during the tournament
- SR4 U16 Ranking points
- Qualification for SR4 U16 Masters Finals

You will find within the following:

- Tournament Fact Sheet
- Application Form (To be submitted by NA)
- Withdrawal Form (To be submitted by NA)

General Tournament Guidelines and current SR4 U16 Rankings are available at www.coteccsr4.com

NAME OF TOURNAMENT

16&U Series Sub-Region 4 FACT SHEET



SK4 10 & UNDER	SERIES	2019	Page 1(2)
TOURNAMENT NAM	ME AND DATES		
	Name of Tournament		City & Country
SR4 U16 Tournament	SR4 Trinidad 16&U Transit	tional Tournament 2019	Tacarigua
	Date of Monday in Tournament Week	First day of Main Draw & Consolation Draw	Last day of Tournament
Dates	01/4/2019	02/4/2019	04/4/2019
	Name of Tournament	City & Country	Series Type
Proceeding ITF U18 Tournament	ITF Trinidad Trinity Cup	Tacarigua	G4
ORGANISER DETA	ILS	·	
	Entry Deadline (Date)		

ORGANISER DETAILS								
	Entry Deadline (D	ate)						
Entry Deadline	ry Deadline 14/3/2019							
	Name of Organis	ег	Street/PO Box address		Post code	City, Country		
	Tennis As	sociation of T	rinidad and Tobago			Trinidad & Tobago		
	Country code	Area code	Number					
Entry Organiser	1	868	681-0051					
	Email address		•					
	tennistt2.ta	att@gmail.co	<u>m</u>					
Eligibility		The minimum age required to participate in the SR4 U16 Tournaments is to be 13 years old <u>on the day that the proceeding ITF U18 tournament begins.</u> And the maximum age is to turn 16 during the year of competition.						

VENUE	VENUE								
	Name of Club/Ve	nue			Contact person				
Venue	The Nation	nal Racque	et Sports Centre		Carlista Mohamme	ed			
Address	Orange Gr	ove Road	Tacarigua						
	Indoors/Outdoors	Indoors/Outdoors Type of surface			Number of courts		Brand of Balls		
Surface, Balls	Indoors		Hard		4		Tecnifibre		
	Country code	Area code	Number		Email-address		•		
Telephone, Email	1	868	681-0051		tennistt2.tatt@gma	ail.com_			
Fax				•	Information to be found	on tournament wel	b-site:		
Internet address	www.tenni	stt.info			✓ Acceptance lists	✓ Draws	V	Order of Play	

TOURNAMENT DIR	ECTOR & F	REFEREE		
	Name of Tourna	ment Director		Post Address
Tournament Director	Carlista M	lohammed		
	Country code	Area code	Number	T. N. (1
Telephone	1	868	729-9296	The National Racquet Sports Centre, Tacarigua, Trinidad
Email	pro@tenn	istt.org		
	Name of Referee	9		Post Address
Referee	TBD	TBD		
	Country code	Area code	Number	
Mobile				The National Racquet Sports Centre, Tacarigua, Trinidad
 Email				
	Name of Referee	8		Post Address
Series Director	Jermille D	anclar		
	Country code	Area code	Number	
Mobile phone	1	868	729-6861	The National Racquet Sports Centre, Tacarigua, Trinidad
Email		subregion4	cotecc@gmail.com	

DDAWE	ND SIGN-IN	I DETAIL C								
Under 16	יוו-אוטוכ טאוי	V DETAILS	Draw size	Sign-in deadline			Start day	Prel. finish day	Entry Fee	
Boys	RR & Main D)row	16	01/4/2019 18	2:00 TTO		02/4/2019	04/4/2019	,	
'	KK & Walli L	лаw	10	01/4/2019 10:00 110			02/4/2019	04/4/2019		
&									USD 150	
Girls										
SUGGESTED HOTELS Rates indicated are for persons not getting free hospitality										
Official Hot	el 1	Name of Hotel				Street Address				
		Cattleya Ho	tel & Lounge	;		Centre of Excellence, 17A Macoya Rd., Tunapuna, Trinidad				
Reserve through (name) Country code		Area code	Number		Email-address					
Ms. Tessa	George	1	868	299-0646		cattleya@coetnt.com				
	l		Single Room	Double Room / pp	Triple Room / pp	Rate includes:				
Room Rates			75.00	108.00	108.00	<u>Tax</u>				
Official Hotel 2 Name of Hotel						Street Address				
The Holida			y Inn Express	Hotel & Suites	S	#1 Exposition Drive, Trincity, Trinidad				
Reserve through (name) Country code		Country code	Area code	Number		Email-address				
Shelly-ann	Caldon	1	868	669-6209 <u>shelly.ca</u>		shelly.caldo	nelly.caldon@hcltt.com			
	_	USD	Single Room	Double Room / pp	Triple Room / pp	Rate includes:				
		Room Rates	169.40	187.55	205.70	TAX and br	<u>eakfast</u>			
	HOSPITALITY Hospitality details Lunch provided at the venue for players on tournament play dates									
TRAVEL	AND VISA IN	NFORMATI	ON							
		Name of Airport			Distance	Transportation from Airport/Station to Club/Hotel				
Internation	-	Piarco			7.7 km	Provided by	organizer - Airport pic	kups only		
Domestic A	Domestic Airport									
Travel rema	ırks	*								
Visa requir	ements	Each player traveling is responsible for obtaining all necessary travel documents, including any required visas. Please contact your local Embassy or travel agent. If you require an invitation to obtain a visa, please contact								
Visa Invit	ations	Contact the Tennis Association of Trinidad and Tobago, tennistt2.tatt@gmail.com								

Players requiring airport pick up must send their itinerary to subregion4cotecc@gmail.com at least 24hrs before their arrival time.

Shuttle pick at official hotel at 2:00pm on Monday April 1st for sign in and return to Hotel after sign-in & briefing Daily shuttle at from Tuesday April 2nd-4th: 7:30am form official hotel to venue and from venue to hotel at the end of play. Shuttle serveices for players entered into the tournament and official National Association coaches only. Stringing: US12

Taxi Services available between tennis venue and hotel

Players are responsible for their own hotel bookings

ENTRY FORM



SR4 16 & UNDER SERIES

0717 70 07 0772 277 02772 2								
ENTRY INFORMATION								
TOURNAMENT TITLE	City	Country						
SR4 Trinidad 16&U Transitional Tournament 2019	Tacarigua	Trinidad and T	obago					
Tournament Dates	Entry Deadline	Withdrawal Deadline						
02/4/2019 -04/4/2019	14/3/2019	28/3/2019 10	:00 TTO Time					
ELIGIBILIDAD / ELIGIBILITY								
The minimum age required to participate in the SR4 U16 T maximur	Fournaments is to be 13 years old mage is to turn 16 during the years.		urnament begins. And the					
Entry Fax Number	Email address							
	subregion4cotecc@gmai	l.com						
E	ENTRIES SANCTION	ED BY						
National Tennis Association	Contact person (name)	Position in National TA						
Telephone	Fax	Email						
OFFICIAL COACH	E ASSIGNED BY NA	TIONAL ASSOCIATION						
Name of Coach								

BOYS 16 & UNDER - Entries in priority order -										
	PLAYER									
	Family Name First Name Nationality Date of Birth									
#			3-letter code	Date/Month/Year		16 & Under				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

GIRLS 16 & UNDER - Entries in priority order -									
	PLAYER								
	Family Name	First Name	Nationality	Date of Birth		ranking			
#			3-letter code	Date/Month/Year		16 & Under			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

WITHDRAWAL FORM



WI ⁻	THDRAWAL INFOR	MATION			
TOURNAMENT TITLE	City		Country		
SR4 Trinidad 16&U Transitional Tournament 2019	Tacarigua	Trinidad and Tobago			
Tournament Dates 02/4/2019 -04/4/2019	Entry Deadline 14/3/2019		Withdrawal Deadline 28/3/2019	10:00 TTO	Time
Post Address for entries	1 1/0/2010		120/0/2010	10.00 110	
Withdrawal Fax Number	Email address	nail aam			
	subregion4cotecc@gn				
	VITHDRAWALS MA	DE BY			
National Tennis Association	Contact person (name)		Position in National TA		
Telephone	Fax		Email		
BOV	S 16 & UNDER - Wi	thdrawale			_
	PLAYER	Illurawais		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					
GIRI	S 16 & UNDER - W	ithdrawals			
CINE	PLAYER	itilalawais		Medical /	Certificate
Family Name	First Name	Nationality	Date of Birth	/ Other	Attached
#		3-letter code	Date/Month/Year	reason	/ To follow
1					
2				<u> </u>	
3					
4					
5					
6				1	
7					
8					
9				ļ	
10					<u> </u>
	DATE AND SIGNAT	THE			