NAME OF TOURNAMENT

COTECC Junior Circuit

FACT SHEET

14 & UNDER DIVISION

14 & UNDER DIVISION			2019	OTED	Page 1(2)		
TOURNAMENT NAME AND DATES							
	Name of Tournament Trinidad Trinity Cup 2019		City & Country	Grade			
Tournament			Trinidad and Tobago	1			
	Date of Monday in Tournament Week	First day of Round Robin	First day of Main Draw & Consolation Draw	Last day of Tournament			
Dates	8/04/2019	6/04/2019	8/04/2019	11/4/2019			

ORGANISER DET	AILS						
	Entry Deadline (Date)					
Entry Deadline	March 12	th					
	Name of Organi	ser	Street/PO Bo	x address		Post code	City, Country
	Tennis As	ssociation of	TTO	O Orange Grove Road			Trinidad
	Country code	Area code	Number			•	•
Entry Organiser	1	868		681-0051			
	Email address				-		
	<u>coteccjun</u>	iorU14@hot	mail.com				
Eligibility	day_that	the U14 tour	nament <mark>beg</mark> i	-			ments is to be 11 years old <u>on the</u> ng the year of competition. <u>Born</u>

VENUE								
	Name of Club/Ven	ue			Contact person			
Venue	The Nation	al Racque	t Sports Centre		Jermille Danclar			
Address	•	Orange Grove 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	NA				Information to be found on tournament web-site:			
Internet address	www.tennistt.info I Acceptance lists I Draws I Order of F			rder of Play				

TOURNAMENT DIRECTOR & REFEREE								
	Name of Tourname	ent Director			Post Address			
Tournament Director	mament Director Jermille Danclar				The National Racquet Sports Centre, Orange Grove Road, Tacarigua, Trinidad			
	Country code Area code Number				Email-address			
Telephone / Email	1	868	729-6861		secretary@tennistt.org			
Fax	NA							
	Name of Referee				Country	ITF Certification		
Referee	Colleen De	Gannes			TTO	White		
	Country code	Area code	Number		Email-address			
Mobile phone / Email	1	868	683-2234		cdidg55@yahoo.com			

DRAWS AND SIGN-IN DETAILS

Under 14			Draw size	Sign-in deadline		Start day	Prel. finish day	Entry Fee
Boys	Round Robin phase		32	Friday, April 5th @ 18.00	hrs	6/4/2019	7/4/2019	
&								
Girls	Dobles ma	in Draw	16	Sunday, April 7th @ 12:0	0 p.m.	8/4/2019	11/4/2019	50 USD
		To participate ir	n this age divisio	n players must be born between	January 1st 20	05 and December 31 200	8	
HOTELS	1				Rates	indicated are for perso	ns not getting	free hospitality
		Name of Hotel			Street Address			
Official Hot	el 1	Cattleya Hot	el & Lounge (w	ww.cattleya.coetnt.com	Centre of Ex	cellence, 17A Macoya F	Rd. Tunapuna	, Trinidad
Fax		Country code	Area code	Number	Email-address			
		1	868	299-0646	cattleya@coetnt.com			
Reserve	hrough	Mrs.	Anamika	Marajh	USD	Single Room	Double Room / pp	Triple Room / pp
					Room Rates	75.00	108.00	108.00
Official Hot	el 2	Name of Hotel				Street-address		
		The Holiday	/ Inn Express	Hotel & Suites	-	#1 Exposition Drive, T	rincity, Trinida	d
		Contact person for	reservations		Direct telephone nu	mber		
Shellyann C		Caldon		1-868-669-6209 ext 420				
Telephone / Email 1		868	669-6209 ext 420	shelly.caldon@hcltt.com				
		Country code	Area code	Number		Single Room	Double Room / pp	Triple Room / pp
Fax		1	868	692-4557	Room Rates		187.55	205.7
		Contact person for			Direct telephone number			
Reserve through Shellyann C			Jaldon		1-868-669-6	6209 ext 420		

HOSPITALITY								
Players hospitality	Full hospit	Full hospitality for Main Draw players only						
	Full hospit	ality for Main Draw players only until elimination						
	Full hospit	ality for Main Draw players until last member of team is eliminated						
	Other. Plea	ase detail below						
	No. of coaches	Level of hospitality						
Coaches hospitality		none						
Hospitality details	U14 Players	and coaches do not receive hospitality / NO hay hospitalidad para jugadores ni coaches.						

TRAVEL AND VISA INFORMATION								
	Name of Airport	Distance	Transportation from Airport/Station to Club/Hotel					
International Airport	Piarco	7.7 km						
Domestic Airport								
Rail								
Travel remarks	Early Flight reservations recom	mended						
Visa requirements	* Some countries do require visa to er visa is required	nter Trinidad & 1	obago. Please check with your travel agent to determine if a					
	If you require an invitation to obtain a visa, please contact							
Visa Invitations	Jermille Danclar secretary	@tennistt.org	1-868-729-6861					

OTHER INFORMATION

Opening ceremony will take place on Sunday 7th April 2019 at The National Racquet Sports Centre,

Tacarigua @ 18.15, all entrants are required to be present.

Shuttle Services from Hotel to match venue and back to the Hotel

Stringing: US 12

COTECC U14 CIRCUIT

ENTRY FORM



	ENTRY INFORMA	TION			
TOURNAMENT TITLE	City		Country		
Trinidad Trinity Cup 2019	Tacarigua		Trinidad and Withdrawal Deadline	Tobago	
Tournament Dates April 6-11th, 2019	Entry Deadline March 12th		March 26th		
ELIGIBILIDAD / ELIGIBILITY					
To participate in this age division players must be born be	etween January 1st 2005 and Dec	cember 31 2008 an	id be 11 years old on	the day the tourna	ament begins
Entry Fax Number	Email address coteccjuniorU14@hotr	nail.com			
	ENTRIES SANCTIO				
National Tennis Association	Contact person (name)		Position in National TA		
Telephone	Fax		Email		
	HES ASSIGNED BY I				
Name of Coach 1		Name of Coach 2	2		
BOYS 14	4 & UNDER - Entries	in priority o	rder -		
Family Name	PLAYER First Name	Nationality	Date of Birth		National ranking 14 & Under
1		3-letter code	Date/Month/Year		14 & Under
2					1
3					1
4					
5					
6					_
7					
8					
10					-
			n al a n		
GIRLS 1	4 & UNDER - Entries	in priority o	raer -		National
Family Name	First Name	Nationality	Date of Birth	IPIN	ranking
#		3-letter code	Date/Month/Year		14 & Under
1					+
3					-
4					
5					1
6					
7					
8					
9					
10					

DATE AND SIGNATURE				
Sanction date	Signature			

Cotecc Circuit

WITHDRAWAL FORM



	WITHDRAWAL INFORMATION									
TOUF	RNAMENT TITLE	City		Country						
	Trinidad Trinity Cup 2019			Trinidad and	Tobago					
	ament Dates	Entry Deadline		Withdrawal Deadline						
Ар	ril 6-11th, 2019	March 12th, 2019		March 26th, 2	019					
Post A	Address for entries									
Withd	rawal Fax Number	Email address								
		coteccjuniorU14@hotmai	l.com							
		WITHDRAWALS MA	DE BY							
Nation	nal Tennis Association	Contact person (name)		Position in National TA						
		-								
Telep	hone	Fax		Email						
	BC	YS 14 & UNDER - Wi	ithdrawals	8						
		PLAYER	1		Medical /	Certificate				
#	Family Name	First Name	Nationality 3-letter code	Date of Birth Date/Month/Year	/ Other reason	Attached / / To follow				
1				Date/Worth/Tear	reason	7 10 10110				
2										
3										
4										
5										
6										
7										
8										
9										
10										

	GIRLS 14 & UNDER - Withdrawals								
	Family Name	PLAYER First Name	Nationality	Date of Birth	Medical / / Other	Certificate Attached /			
#			3-letter code	Date/Month/Year	reason	/ To follow			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
	DATE AND SIGNATURE								
		Date		Signature					