



NAME OF TOURNAMENT

FACT SHEET

12 & UNDER DIVISION

2019

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TOURNAMENT NAME AND DATES

Tournament	Name of Tournament		City & Country	TOURNAMENT FORMAT (A, B or C)
	COTECC Trinidad 12&U Trinity Cup 2019			B
Dates	Date of Monday in Tournament Week	First day of Round Robin	First day of Main Draw & Consolation Draw	Last day of Tournament
	08/4/2019	11/4/2019	12/4/2019	13/4/2019

ORGANISER DETAILS

Entry Deadline	Entry Deadline (Date) (3 weeks before)				
	12/3/2019				
Entry Organiser	Name of Organiser		Street/PO Box address	Post code	City, Country
	Tennis Association of Trinidad and Tobago				Trinidad & Tobago
	Country code	Area code	Number		
	1	868	681-0051		
Eligibility	Email address				
	tennist2.tatt@gmail.com				
<p>The minimum age required to participate in the U12 Tournaments in COTECC is to be 10 years old <u>on the day that the U12 tournament begins</u>. And the maximum age is to turn 12 during the year of competition. <u>Born between January 1, 2007 and December 31, 2009.</u></p>					

VENUE

Venue	Name of Club/Venue			Contact person	
	The National Racquet Sports Centre			Jermille Danclar	
Address					
Orange Grove Road Tacarigua					
Surface, Balls	Indoors/Outdoors	Type of surface		Number of courts	Brand of Balls
	Indoors	Hard		4	Tecnifibre
Telephone, Email	Country code	Area code	Number	Email-address	
	1	868	681-0051	tennist2.tatt@gmail.com	
Fax					
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		
secretary@tennist.org					

TOURNAMENT DIRECTOR & REFEREE

Tournament Director	Name of Tournament Director			Post Address	
	Jermille Danclar			The National Racquet Sports Centre, Tacarigua, Trinidad	
Telephone / Email	Country code	Area code	Number	Email-address	
	1	868	729-6861	secretary@tennist.org	
Fax					
NA					
Referee	Name of Referee			Country	ITF Certification
	Colleen DeGannes			TTO	White Badge
Mobile phone / Email	Country code	Area code	Number	Email-address	
	1	868	683-2234	cdidg55@yahoo.com	

DRAWS AND SIGN-IN DETAILS

Under 12		Draw size	Sign-in deadline	Start day	Prel. finish day	Entry Fee
Boys & Girls	Round Robin phase	24	10/4/2019 18:00 GMT	11/4/2019	11/4/2019	USD 30
	Doubles main Draw	12	11/4/2019 12:00 GMT	12/4/2019	13/4/2019	
To participate in this age division players must be born between January 1st 2007 and December 31 2009						

HOTELS Rates indicated are for persons not getting free hospitality

Official Hotel 1	Name of Hotel Cattleya Hotel & Lounge			Street Address 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	
	USD	Single Room	Double Room / pp	Triple Room / pp	Rate includes:	
	Room Rates	75.00	108.00	108.00	Tax	
Official Hotel 2	Name of Hotel The Holiday Inn Express Hotel & Suites			Street Address #1 Exposition Drive, Trincity, Trinidad		
Reserve through (name)	Country code	Area code	Number		Email-address	
Shelly-ann Caldon	1	868	669-6209		shelly.caldon@hcltt.com	
	USD	Single Room	Double Room / pp	Triple Room / pp	Rate includes:	
	Room Rates	169.40	187.55	205.70	TAX and breakfast	

HOSPITALITY

Hospitality details	All players must receive lunch, free of charge, with adequate quality and quantity for tennis players. It must include drinkable water and natural fruits drink. This benefit for while the players are still playing in the event.
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TRAVEL AND VISA INFORMATION

International Airport	Name of Airport Piarco	Distance 7.7 km	Transportation from Airport/Station to Club/Hotel Provided by organizer
Domestic Airport			
Bus			
Travel remarks	*		
Visa requirements	Each player traveling is responsible for obtaining all necessary travel documents, including any required visas. Please contact your local Embassy or travel agent.		
Visa Invitations	If you require an invitation to obtain a visa, please contact Contact the Tennis Association of Trinidad and Tobago, tennistt2.tatt@gmail.com		

OTHER INFORMATION

Players requiring Airport pickup must submit their travel itinerary to TennisTT no later than April 1st 2019
Stringing: US12
Shuttle available from official hotels to match venue and back to hotel
Taxi services from venue to hotel also available
Players are responsible for their own hotel bookings and flight arrangements.



ENTRY INFORMATION

TOURNAMENT TITLE COTECC Trinidad 12&U Trinity Cup 2019	City Tacarigua	Country Trinidad and Tobago
Tournament Dates 11/4/2019 -13/4/2019	Entry Deadline 12/3/2019	Withdrawal Deadline 26/03/2019
ELIGIBILIDAD / ELIGIBILITY		
To participate in this age division players must be born between January 1st 2007 and December 31 2009 and be 10 years old on the Day when the competition begins		
Entry Fax Number	Email address fennist2.tatt@gmail.com	

ENTRIES SANCTIONED BY

National Tennis Association	Contact person (name)	Position in National TA
Telephone	Fax	Email

OFFICIAL COACHES ASSIGNED BY NATIONAL ASSOCIATION

Name of Coach 1	Name of Coach 2
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BOYS 12 & UNDER - Entries in priority order -

#	Family Name	PLAYER First Name	Nationality 3-letter code	Date of Birth Date/Month/Year	National ranking 12 & Under
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

GIRLS 12 & UNDER - Entries in priority order -

#	Family Name	PLAYER First Name	Nationality 3-letter code	Date of Birth Date/Month/Year	National ranking 12 & Under
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

DATE AND SIGNATURE

Sanction date	Signature
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WITHDRAWAL INFORMATION

TOURNAMENT TITLE COTECC Trinidad 12&U Trinity Cup 2019	City Tacarigua	Country Trinidad and Tobago
Tournament Dates 11/4/2019 - 13/4/2019	Entry Deadline 12/3/2019	Withdrawal Deadline 26/03/2019
Post Address for entries		
Withdrawal Fax Number	Email address	

WITHDRAWALS MADE BY

National Tennis Association	Contact person (name)	Position in National TA
Telephone	Fax	Email

BOYS 12 & UNDER - Withdrawals

#	Family Name	PLAYER			Medical / / Other reason	Certificate Attached / / To follow
		First Name	Nationality <small>3-letter code</small>	Date of Birth <small>Date/Month/Year</small>		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

GIRLS 12 & UNDER - Withdrawals

#	Family Name	PLAYER			Medical / / Other reason	Certificate Attached / / To follow
		First Name	Nationality <small>3-letter code</small>	Date of Birth <small>Date/Month/Year</small>		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

DATE AND SIGNATURE

Date	Signature
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