

NAME OF TOURNAMENT

COTECC Junior Circuit

FACT SHEET



14 & UNDER DIVISION

2012

Page 1(2)

TOURNAMENT NAME AND DATES				
Tournament	Name of Tournament		City & Country	Grade
	COSTA RICA BOWL		SAN JOSÉ, COSTA RICA	According to ammount of players and nationalities at the tournament
Dates	Date of Monday in Tournament Week	First day of Round Robin	First day of Main Draw & Consolation Draw	Last day of Tournament
	MONDAY 5 MARCH	SATURDAY 3 MARCH	MONDAY 5 MARCH	SATURDAY 10 MARCH

ORGANISER DETAILS				
Entry Deadline	Entry Deadline (Date)			
	FEBRUARY 13			
Entry Organiser	Name of Organiser		Street/PO Box address	Post code
	Costa Rica Tennis Club		Sabana Sur	1017-11
	Country code	Area code	Number	City, Country
	506		2296-1031	San José, Costa Rica
Eligibility	Email address			
	crbowl@crtennis.com			
<p>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, 1998 and December 31, 2001.</u></p>				

VENUE				
Venue	Name of Club/Venue			Contact person
	Costa Rica tennis Club			Alexandra Céspedes
Address				
Sabana Sur, costado Este de la Contraloria General de la República				
Surface, Balls	Indoors/Outdoors	Type of surface		Number of courts
	Indoor	Hard Court		3
Telephone, Email	Country code	Area code	Number	Brand of Balls
	N/A	506	2296-1031	Wilson
Fax	N/A	506	2232-6385	Email-address
Internet address	www.crtennis.com			Information to be found on tournament web-site:
<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			Post Address
	Alexandra Céspedes Zúñiga			1017-11
Telephone / Email	Country code	Area code	Number	Email-address
	506		2296-1031 / 8934-1000	alecespedes2006@hotmail.com / crbowl@crtennis.com
Fax	506		2232-6385	
Referee	Name of Referee			Country
	Dario Fallas Boselli			Costa Rica
Mobile phone / Email				ITF Certification
				White Badge
		Country code	Area code	Number
		506		2273-4587 / 8922-4809
		Email-address		
		dchocolo@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	Boys 24, Girls 16	FRIDAY 2 MARCH	18 HRS	SATURDAY 3 MARCH	10 march	US\$50
	Dobles main Draw	Boys 12, Girls 8	SUNDAY MARCH 4	12 HRS	MONDAY MARCH 5	10 march	
To participate in this age division players must be born between January 1st 1998 and December 31 2001							

HOTELS Rates indicated are for persons not getting free hospitality

Official Hotel 1	Name of Hotel Best Western Irazu Hotel		Street Address General Cañas Highway, kilometer number 3				
Fax	(506) 2520-2483	reserve@gmirazu.net	Room Rates	Single/Double/Triple	\$85 tax included		
Reserve through	Contact person for reservations Norma Sanahuja nsanahuja@gmirazu.net		Direct telephone number (506) 2290-9300				
Official Hotel 2	Name of Hotel		Street Address				
Telephone / Email	Country code	Area code	Number	Email-address			
Fax	Country code	Area code	Number	Room Rates	Single Room	Double Room / pp	Triple 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
Hospitality details	*	

TRAVEL AND VISA INFORMATION

International Airport	Name of Airport Internacional Juan Santamaria	Distance 6 kms	Transportation from Airport/Station to Club/Hotel Transporte será responsabilidad de cada jugador/entrenador
Domestic Airport			
Rail			
Travel remarks	*		
Visa requirements	* Check with your travel agency before traveling.		
Visa Invitations	If you require an invitation to obtain a visa, please contact Alexandra Cespedes		

OTHER INFORMATION

*



ENTRY INFORMATION

TOURNAMENT TITLE	City	Country
COSTA RICA BOWL	San José	Costa Rica
Tournament Dates	Entry Deadline	Withdrawal Deadline
MARCH 5-10	February 13	February 20
ELIGIBILIDAD / ELIGIBILITY		
To participate in this age division players must be born between January 1st 1998 and December 31 2001 and be 11 years old on the Monday when the main draw begins		
Entry Fax Number	Email address	
(506) 2232-6385	crbowl@crtennis.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

BOYS 14 & UNDER - Entries in priority order -

#	Family Name	PLAYER			National ranking 14 & Under
		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 14 & UNDER - Entries in priority order -

#	Family Name	PLAYER			IPIN	National ranking 14 & Under
		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

	Sanction date	Signature



WITHDRAWAL INFORMATION

Tournament Title	City	Country
COSTA RICA BOWL	SAN JOSE	COSTA RICA
Tournament Dates	Entry Deadline	Withdrawal Deadline
MARCH 5-10	February 13	February 20
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 14 & UNDER - Withdrawals

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

GIRLS 14 & UNDER - Withdrawals

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

DATE AND SIGNATURE

Date	Signature
------	-----------