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| NEC WHEELCHAIR TENNIS TOURITF_R_Black |
| 2014 INTERNATIONAL ENTRY FORM |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOURNAMENT NAME:** | IV OPEN INTERNACIONAL CIUDAD DE A CORUÑA |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NATION:** | SPAIN (A CORUÑA) | **DATES:** | **8, 9, 10, & 11 MAY 2014** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PLAYERS NAME:** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NATIONALITY:** |  | **IPIN REGISTRATION NO.:** |  |
| **BIRTHDATE:** |  | **TEL:** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **EMAIL:** |  | **CEL:** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TENNIS INFORMATION NB: All players must have adequate travel and health insurance.  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | MEN: |  |  | WOMEN: |  |  | QUAD: |  |  |  |  |  |  | (Please tick one: **X**) |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ARE YOU APPLYING FOR A WILD CARD INTO THE MAIN OR SECOND DRAW?  | MAIN: |  | SECOND: |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DO YOU WISH TO APPLY TO USE YOUR FEED UP CARD AT THIS TOURNAMENT? |  | YES | NO |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AT WHICH TOURNAMENT DID YOU WIN YOUR FEED UP CARD? |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DO YOU INTEND TO PLAY DOUBLES? | YES | NO |  |  |
| *NB. This form does not guarantee entry to doubles. Both players must sign in in-person as required by the tournament.* |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ARE YOU BRINGING A REGISTERED COACH OR ADDITIONAL PERSONS (Please Specify)? Logo Con Texto Plano Grises |  |
| *\* If a coach, or any other person is accompanying you, please complete a separate form for each person travelling* |
| **TRAVEL DETAILS Note: Transport is provided for flights arriving & departing between 9am-11pm.** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I WILL BE ARRIVING BY | CAR: |  |  | TRAIN: |  |  |  | AEROPLANE: |  |  |  |  | (Please tick one: **X**) |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DATE OF ARRIVAL: |  | TIME: |  | FLIGHT NO: |  | AIRPORT: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DATE OF DEPARTURE: |  | TIME: |  | FLIGHT NO: |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NO. OF CHAIRS : |  | NO. OF PEOPLE: |  | T-SHIRT SIZE: | S |  | M |  | L |  | XL |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ACCOMMODATION REQUIREMENTS** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DO YOU REQUIRE ACCOMMODATION: | YES | NO |  |  | EVERY DAY WHEELCHAIR USER: | YES | NO |
| DOUBLE ROOM: |  |  |  |  |  |  |  |  | I PREFER TO SHARE MY ROOM WHITH: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SINGLE ROOM: |  |  |  |  |  |  |  |  | (EXTRA CHARGE 80 € FROM WEDNESDAY) |  |  |  |  |  |  |  |  |  |  |  | SPECIAL REQUERIMENTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |
| **ALL players must agree and sign the following clause:** |
| I hereby agree to abide by the ITF Rules of Tennis, the ITF Rules of Wheelchair Tennis and pay the entry fee as required by the tournament. I confirm that I have read and understood Article 24 of the Wheelchair Tennis Handbook 2011 and further that in accordance with Article 29(k) of the same that I have adequate travel and medical insurance. I further agree to abide by the ITF Code of Conduct in all Main Draw events or by the Code of Conduct adopted by the tournament in any other draws. I also agree for participation in the tournament to be bound by and comply with the all the provisions of the ITF Tennis Anti-Doping Programme 2012. I note that the Tennis Anti-Doping Programme is set out in full on the ITF website ([www.itftennis.com](http://www.itftennis.com)) and in a separate rulebook that is published and distributed to all the National Associations and is also available upon application.I understand and agree that I have a medically diagnosed permanent physical disability as defined in the Rules of Wheelchair tennis, found at [www.itftennis.com/wheelchair/rules/eligibilityrules.asp](http://www.itftennis.com/wheelchair/rules/eligibilityrules.asp) and that I am eligible to compete in ITF sanctioned wheelchair tennis tournaments. I understand that if requested by the ITF, I am required to supply appropriate medical documentation that substantiates the disability.

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| NAME:(Block) |  | SIGNED: |  | DATE: |  |

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