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| NEC WHEELCHAIR TENNIS TOUR ITF_R_Black | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2014 INTERNATIONAL ENTRY FORM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **TOURNAMENT NAME:** | | | | | | | IV OPEN INTERNACIONAL CIUDAD DE A CORUÑA | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **NATION:** | | | | | | | SPAIN (A CORUÑA) | | | | | | | | **DATES:** | | | **8, 9, 10, & 11 MAY 2014** | | | | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PLAYERS NAME:** | | | | | | |  | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |
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| **NATIONALITY:** | | | | | | |  | | | | | | | | **IPIN REGISTRATION NO.:** | | | | | | | |  | | | | | | | | |
| **BIRTHDATE:** | | | |  | | | | | | | | | | | | | **TEL:** | |  | | | | | | | | | | | | |
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| **EMAIL:** | | | |  | | | | | | | | | | | | | **CEL:** | |  | | | | | | | | | | | | |
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| TENNIS INFORMATION NB: All players must have adequate travel and health insurance. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | 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? | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| 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.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | NAME:(Block) |  | SIGNED: |  | DATE: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |