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| LOGO 2logo finalITF_R_BlackITF WHEELCHAIR TENNIS TOUR  |
| 2018 INTERNATIONAL ENTRY FORM |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  **TOURNAMENT NAME** | LOGO 2BARRANQUILLA OPEN – COPA CEDIUL**ITF FUTURE SERIES 2018** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  **NATION** | COLOMBIA | **DATES** | **15-18 MARCH 2018** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  **PLAYERS NAME** |  |  |  |  |  |  |  |  |
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|  **NATIONALITY** |  | **IPIN REGISTRATION NO** |  |
|  **BIRTHDATE** |  | **TEL** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  **EMAIL** |  | **CEL** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TENNIS INFORMATION NB: All players must have adequate travel and health insurance.  |
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|  |  | MEN: |  |  | WOMEN: |  |  | QUAD: |  |  |  |  |  |  | JUNIOR\*:  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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.* |
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| ARE YOU BRINGING A REGISTERED COACH OR ADDITIONAL PERSONS (Please Specify)? |  |
| *If a coach, or any other person is accompanying you, please complete a separate form for each person travelling**\*Junior players will require the signature of a parent or guardian on the form in order to enter a tournament*  |
| **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: |  |  |  |  |  |  |  |  |  |  |
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| 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 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ROOMING PARTNER: |  | SPECIAL REQUIREMENTS: |  |
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| **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. F­urther that in accordance with the Wheelchair Tennis Rules and Regulations 2018 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 2018. 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, 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.**Anti-Corruption**I am bound by and will comply with the Uniform Tennis Anti-Corruption Program (the “Anti-Corruption Program”), a copy of which is available upon request from the ITF or may be downloaded at <http://www.tennisintegrityunit.com>. The Anti-Corruption Program will govern my participation in ITF-sanctioned events (alongside the ITF Rules, including the Player Code of Conduct and the ITF Tennis Anti-Doping Programme, each of them applying concurrently and without prejudice to the other). The Tennis Integrity Unit may conduct investigations in relation to ITF-sanctioned events under the Anti-Corruption Programme, and will enforce any penalties, sanctions and/or other measures taken against me under the Anti-Corruption Programme. I hereby submit to the jurisdiction and authority of the ITF to manage, administer and enforce the Anti-Corruption Programme and to the jurisdiction and authority of the Court of Arbitration for Sport to determine any appeals brought under the Anti-Corruption Programme.**Anti-Doping**I am bound by and will comply with the Tennis Anti-Doping Programme (the “Anti-Doping Programme”), a copy of which is available upon request from the ITF or may be downloaded at <http://www.itftennis.com/anti-doping>. The Anti-Doping Programme will govern my participation in ITF-sanctioned events (together with the ITF Rules, including the Player Code of Conduct and the Uniform Tennis Anti-Corruption Program, each of them applying concurrently and without prejudice to the other). The ITF may conduct anti-doping testing at ITF-sanctioned events under the Anti-Doping Programme, and will enforce any penalties, sanctions and/or other measures taken against me under the Anti-Doping Programme. I hereby submit to the jurisdiction and authority of the ITF to manage, administer and enforce the Anti-Doping Programme and to the jurisdiction and authority of the Anti-Doping Tribunal and the Court of Arbitration for Sport (“CAS”) to determine any charges brought under the Anti-Doping Programme. |
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| NAME:(Block) |  | SIGNED: |  | DATE: |  |
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**FOR JUNIORS ONLY:**

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| GUARDIAN’S NAME:(Block) |  | SIGNED: |  | DATE: |  |