



TOURNAMENT NAME: _____

NATION: _____ **DATES:** _____

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)? _____

** 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**

ROOMING PARTNER: _____ SPECIAL REQUIREMENTS: _____

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 2010 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 2010. I note that the Tennis Anti-Doping Programme is set out in full on the ITF website (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 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: _____