



Please notice that: the seeds of the main Draw women and men will start to play 27th

Wednesday

2009 INTERNATIONAL ENTRY FORM
10° SARDINIA OPEN INTERNATIONAL ITF 1
 26-30 MAY 2009 ALGHERO-SARDINIA- ITALY

TOURNAMENT NAME: 10°SARDINIA OPEN INTERNATIONAL

NATION: ITALY **DATES:** 26/30 May 2009

PLAYERS NAME: _____

NATIONALITY: _____ **REGISTRATION NUMBER:** _____

ADDRESS: _____ **POST CODE:** _____

BIRTHDATE: _____ **TEL:** _____

EMAIL: _____ **FAX:** _____

TENNIS INFORMATION

NB: All players must have adequate travel and health insurance.

MEN: **WOMEN:** (Please tick one: X)

MAIN DRAW / SECOND DRAW: **A*** **B** **C** **D**
* USA Tournament only

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 YOUR 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 30 of the Wheelchair Tennis Handbook 2005 and further that in accordance with Article 35(h) 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 2005. 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.

NAME:(Block) _____ SIGNED: _____ DATE: _____