**[ALL INDIA TENNIS ASSOCIATION]**



|  |  |
| --- | --- |
| NAME OF THE TOURNAMENT | **BHAGAT HANSRAJ CHAMUNDA – AITA OPEN TENNIS TOURNAMENT CHAMPIONSHIP SERIES -7 U-16 & 18**  |
| NAME OF THE STATE ASSOCIATION | **HARYANA TENNIS ASSOCIATION** |
| HONY. SECRETARY OF ASSOCIATION | **Mr. SUMAN KAPUR** |
| ADDRESS OF ASSOCIATION | **kapursuman@yahoo.com** |
|  |  |
| TOURNAMENT WEEK | **WEEK : 28 SEPT 2015****ENTRY DEADLINE : 07 SEPT 2015****WITHDRAWAL : 21 SEPT 2015** |

|  |  |
| --- | --- |
| THE ENTRY IS TO BE SENT BY EMAIL ONLY 🡪 | **JK SHARMA****(EVENT MANAGED BY CHAMUNDA SPORTS)****+91 9729148532 +91 9810193462****bhta100gohana@gmail.com** |
| ADDRESS | **BHAGAT HANSRAJ TENNIS ACADEMY****C/O RAAMSHARANAM AASHRAM,****JIND ROAD****GOHANA (Distt : Sonipat)****(Haryana)** |
| TOURNAMENT DIRECTOR | **MR. SANDEEP SINGH MANN****09138150000****+91 9729148532 +91 9810193462** |
|  |  |
| TELEPHONE | **+91 9729148532 +91 9810193462** | FAX |  |
|  |  | EMAIL | Bhta100gohana@gmail.com |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CATEGORY (✓) | N | ( ) | NS | ( ) | SS | ( ) | CS | ( ✓ ) | TS | ( ) |
| AGE GROUPS (✓) | U-12 | ( ) | U-14 | ( ) | U-16 | (✓) | U-18 | (✓) |
|  | Men’s | ( ) |  | Women’s |  | ( ) |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SIGN-IN | **QUALIFYING** **25 SEP 2015****12-2 pm** | **OPEN DRAW** | **MAIN DRAW****27 SEP 15****12-2 pm** | **32** |
| MAIN DRAW SIZE | Singles | **32** | Doubles | 16 |
| QUALIFYING DRAW SIZE | Singles | Open | Doubles | NA |
| DATES FOR SINGLES | **QUALIFYING** **on****26-27/09/15** | **MAIN DRAW** 28/09/2015ONWARDS |  |  |
|  |  |  |  |  |
| ENTRY DEADLINE | 07/09/2015 | WITHDRAWAL DEADLINE | 21/09/2015 |

|  |  |
| --- | --- |
| NAME OF THE VENUE | **BHAGAT HANSRAJ TENNIS ACADEMY** |
| ADDRESS OF VENUE | **C/O RAAMSHARANAM AASHRAM,****JIND ROAD****GOHANA (Distt : Sonipat)****(Haryana)** |
| TOURNAMENT REFEREE |  **Mr JK Sharma****+91 9729148532, 9810193462**chamundasports@gmail.com |
| TELEPHONE | **+91 9729148532**  | FAX |  |
|  |  | EMAIL | **bhta100gohana@gmail.com** |
| COURT SURFACE | **CLAY** | BALLS | **AITA Approved**  |
| NO. OF COURTS | **05** | FLOODLIT | **YES** |

|  |  |
| --- | --- |
| TOURNAMENT DIRECTOR | **Mr. SANDEEP SINGH MANN** |
| TELEPHONE | **+91 9138150000** | FAX |  |
|  |  |

HOTEL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | **DORMITORY ROOMS****@ 300/- pp with meals** | NAME | HOTEL SHUBHAM+91 9255510001 |
| ADDRESS | **AT VENUE (ZERO DISTANCE)** | ADDRESS |  |
|  | +91 9138150000 |  |  |
|  | **C/O RAAMSHARNAM AASHRAM, GOHANA** |  |  |
| TARIFF  |  | TARIFF  | **ROOM @ INR 1000/-** |
| DOUBLE |  | SINGLE |  |

##### RULES / REGULATIONS

|  |  |
| --- | --- |
| ENTRY | **No entry will be accepted through telephone.****Please carry your Original AITA ITN Card for sign in On SIGN IN DAY 12-2 pm to escape a penalty of Rs. 100/-** |
| **AGE ELIGIBILITY** | **Players born:**As per AITA/ITF normsU-16 NOT BEFORE 01 JAN 1999U-18 NOT BEFORE 01 JAN 1997  |
| **ENTRY FEE** |

|  |  |  |
| --- | --- | --- |
| **SERIES** | **FEE SINGLES** | **FEE DOUBLES** |
| CS-7 U-16/18 | **Rs. 500/-** | **Rs. 600/- Pair** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 |
| **AITA Registration Card** | **It is mandatory for the player to carry ORIGINAL REGISTRATION CARD for the sign-in. In case the player registration is in process with AITA, In that case player has to carry Original receipt or copy of mail from AITA confirming that player registration is in process.** |