**[ALL INDIA TENNIS ASSOCIATION]**



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| NAME OF THE TOURNAMENT | **BHAGAT HANSRAJ CHAMUNDA - AITA OPEN TENNIS TOURNAMENT TALENT SERIES (7 Days) U-10/16** |
| NAME OF THE STATE ASSOCIATION | **HARYANA TENNIS ASSOCIATION** |
| HONY. SECRETARY OF ASSOCIATION | **Mr. SUMAN KAPUR** |
| ADDRESS OF ASSOCIATION | [**kapursuman@yahoo.com**](mailto:kapursuman@yahoo.com) |
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| TOURNAMENT WEEK  **BOYS n GIRLS U-10 DIRECT SIGN IN ON SATURDAY 10 JAN 2015 AT 10 AM, FOLLOWED BY DRAW AND MATCHES** | **WEEK : 12 JANUARY 2015**  **ENTRY DEADLINE : 29 DECEMBER 2014**  **WITHDRAWAL : 05 JANUARY 2015** |

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

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| CATEGORY (✓) | N | ( ) | NS | ( ) | SS | ( ) | CS | ( ) | TS | (✓ ) |
| AGE GROUPS (✓) | U-10 | ( ✓ ) | U-14 | ( ) | U-16 | (✓ ) | U-18 | ( ) |
|  | Men’s | ( ) |  | Women’s |  | ( ) |  |  |

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| SIGN-IN | | **QUALIFYING U-16**  **09/01/2015**  **12-2 pm** | **OPEN DRAW** | | **MAIN DRAW**  **11/01/2015**  **12-2 pm** | **32** | |
| MAIN DRAW SIZE | | Singles | **32** | | Doubles | 16 | |
| QUALIFYING DRAW SIZE | | Singles | Open | | Doubles | NA | |
| DATES FOR SINGLES | | **QUALIFYING U-16**  **on**  **10-11/01/15** | **MAIN DRAW U-16** 12/01/2015 ONWARDS | |  |  | |
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| ENTRY DEADLINE | 29/12/2014 | | | WITHDRAWAL DEADLINE | | | 05/01/2015 | |

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| NAME OF THE VENUE | | **BHAGAT HANSRAJ TENNIS ACADEMY** | | |
| ADDRESS OF VENUE | | **C/O RAAMSHARANAM AASHRAM,**  **JIND ROAD**  **GOHANA (Distt : Sonipat)**  **(Haryana)** | | |
| TOURNAMENT REFEREE | | TBA | | |
| TELEPHONE | **+91 9729148532** | | FAX |  | |
|  |  | | EMAIL | [**gohanachamunda@gmail.com**](mailto:gohanachamunda@gmail.com) | |
| COURT SURFACE | **CLAY** | | BALLS | **AITA Approved** | |
| NO. OF COURTS | **05** | | FLOODLIT | **NO** | |

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| TOURNAMENT DIRECTOR | | **Mr JK Sharma** | | |
| TELEPHONE | **+91 9729148532** | | FAX |  | |
|  | [gohanachamunda@gmail.com](mailto:gohanachamunda@gmail.com) | |

HOTEL DETAILS

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| NAME | **SANJEEVANI KAYA SHODAN** | NAME | HOTEL SHUBHAM +91 9255510001 |
| ADDRESS | **AT VENUE (ZERO DISTANCE)** | ADDRESS |  |
|  | +91 9138150000 |  |  |
|  | **C/O RAAMSHARNAM AASHRAM, GOHANA** |  |  |
| TARIFF | A-1 : (1+1) INR 800/-  A-2 : (1+1) INR 500/-  (INCL BF+LUNCH+DINNER) | TARIFF | **ROOM @ INR 1000/-** |
| DOUBLE |  | SINGLE |  |

##### RULES / REGULATIONS

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| 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 norms  U-10 NOT BEFORE 01 JAN 2005  U-16 NOT BEFORE 01 JAN 1999 |
| **ENTRY FEE** | |  |  |  | | --- | --- | --- | | **SERIES** | **FEE SINGLES** | **FEE DOUBLES** | | TS-7 U-10/16 | **Rs. 400/-** | **Rs. 400/- 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.** |