



**VANUATU REGIONAL UNDER 14 CHAMPIONSHIPS  
14-19 DECEMBER 2015  
PORT-VILA  
VANUATU**

**ENTRY FORM**

**TO BE SENT TO: [bryvam@yahoo.com.au](mailto:bryvam@yahoo.com.au) or [cmq@vanuatu.com.vu](mailto:cmq@vanuatu.com.vu)  
BEFORE THE 30<sup>TH</sup> OCTOBER 2015**

**NO ENTRIES WILL BE ACCEPTED AFTER THIS DATE**

**OCEANIA UNDER 14 CIRCUIT**



## ENTRY FORM PLAYERS

**MAXIMUM ENTRIES: 2 PLAYERS BY CATEGORY AND BY GENDER FOR THE SINGLES; 1 DOUBLE BY AGE GROUP**  
**RANK YOUR PLAYER: 1= BEST PLAYER**  
**DOUBLE WILL ALSO BE PLAYED.**

NAME OF COUNTRY	
<b>GIRLS UNDER 12 SINGLES</b>	
NAME/SURNAME	DATE OF BIRTH
1.	
2.	
<b>BOYS UNDER 12 SINGLES</b>	
NAME/SURNAME	DATE OF BIRTH
1.	
2.	
<b>GIRLS UNDER 14 SINGLES</b>	
NAME/SURNAME	DATE OF BIRTH
1.	
2.	
<b>BOYS UNDER 14 SINGLES</b>	
NAME/SURNAME	DATE OF BIRTH
1.	
2.	

### COACHES AND TEAM MANAGERS

**Maximum 1 coach and 1 Team Manager per Team**

NAMES	SURNAMES	FONCTION (COACH OR TEAM MANAGER)

## SPECIAL REQUIREMENTS

Please specify any special requirements (diet, health...) needed for your players or your coach/team manager

NAME/SURNAME OF THE PLAYER/COACH/TEAM MANAGER	REQUIREMENTS (vegetarian, doesn't eat pork, asthma....)

*All players entering the VTF U14 Regional Tournament agree, as a condition of their entry, that no claims are brought against the VTF and the tournament organisers, with respect to any injuries, however caused, or any losses incurred, while travelling to and from, or participating in the Junior Tournament.*

**IT IS THEREFORE RECOMMENDED THAT ALL PLAYERS HAVE ADEQUATE TRAVEL AND MEDICAL INSURANCE COVER.**



**VANUATU JUNIOR TENNIS INITIATIVE**