TENNIS EUROPE ACADEMY TRAINING CAMP 2020

NOMINATION FORM

DEADLINE: 5 WEEKS BEFORE START OF THE TRAINING CAMP

23rd February 2020 FOR 1st CAMP

9th March 2020 FOR 2nd CAMP

22nd March FOR 3rd CAMP

NATIONAL ASSOCIATION: _________________________________

Contact person in Association: _________________________________

E-Mail address: _________________________________

Tel: _________________________________ Fax _________________________________

Training Camp period (PLEASE CIRCLE APPLICABLE):

1. 29th March – 4th April 2020
2. 13th April – 19th April 2020
3. 26th April – 2nd May 2020

BOYS (Player 1):

Surname: _________________________________

First Name: _________________________________

Complete date of birth: _________________________________

Tennis Europe / National Junior Ranking: _________________________________

BOYS (Player 2):

Surname: _________________________________

First Name: _________________________________

Complete date of birth: _________________________________

Tennis Europe / National Junior Ranking: _________________________________

BOYS (Player 3):

Surname: _________________________________

First Name: _________________________________


<table>
<thead>
<tr>
<th></th>
<th>Surname:</th>
<th>First Name:</th>
<th>Complete date of birth:</th>
<th>Tennis Europe / National Junior Ranking:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BOYS (Player 4):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GIRLS (Player 1):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GIRLS (Player 2):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GIRLS (Player 3):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GIRLS (Player 4):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
COACH: Male/Female (circle)
Surname: ________________________________
First Name: ___________________________________
Level of Certification: ___________________________________
Tel: ____________________________ E mail:____________________________
Accommodated in: single room ☐ double room ☐
in case double, please indicate name of the roommate. Please note that coaches are not eligible to stay with players in one room.

DATE: ______________________________________
SIGNED: ______________________________________
POSITION IN ASSOCIATION: __________________________

TRAVEL DETAILS FORM

NATIONAL ASSOCIATION: __________________________
Contact person in Association: __________________________
Telephone: __________________________ E-mail: __________________________

Transportation from/to airport requested
(AVAILABLE ONLY FROM VIENNA AIRPORT):

YES ☐ NO ☐
(please circle appropriate)

IF YES:

ARRIVAL TO VIENNA
Departure from (City) __________________________
Arrival to (Airport) __________________________
Terminal number __________________________
Day & Time __________________________
Means of transport: ☐ Airplane Flight number __________________________
☐ Other __________________________