



**UNIQLO**  
WHEELCHAIR  
TENNIS TOUR



## UNIQLO WHEELCHAIR TENNIS TOUR 2024 INTERNATIONAL ENTRY FORM



**TOURNAMENT NAME :** CAMOZZI OPEN 2024 - MEMORIAL CAV. ATTILIO CAMOZZI

**NATION:** ITALY

**DATES:** 16-19 MAY 2024

### PERSONAL INFORMATION

PLAYER NAME.....

COACH NAME .....

GUESTS NAME .....

IPIN REGISTRATION NUMBER .....PHONE/MOBILE.....

E-MAIL.....

BIRTH DATE.....NATIONALITY.....

ADDRESS.....

T-SHIRT SIZE .....(S/M/L/XL/XXL/XXXL)

### TENNIS INFORMATION

**NB: ALL PLAYERS MUST HAVE ADEQUATE TRAVEL AND HEALTH INSURANCE.**

ENTER THE DIVISION IN WHICH YOU WILL BE COMPETING.

SINGLES: MEN: ☐ WOMEN: ☐ QUAD: ☐

☐
☐
☐

DOUBLES: MEN: ☐ WOMEN: ☐ QUAD: ☐

☐
☐
☐

DOUBLES PARTNER NAME: .....

ARE YOU APPLYING FOR A WILD CARD INTO THE MAIN DRAW? SI ☐

DO YOU WISH TO APPLY TO USE YOUR FEED UP CARD AT THIS TOURNAMENT? SI ☐ NO ☐

AT WHICH TOURNAMENT DID YOU WIN YOUR FEED UP CARD? .....



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*NB. This form does not guarantee entry to doubles. Both players must sign in in-person as required by the tournament.*



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**ACCOMODATION REQUIREMENTS:**

**TOURNAMENT OFFICIAL HOTEL:**

☐ YES

AC HOTEL MARRIOT BRESCIA

VIA GIULIO QUINTO STEFANA, 3 – 25126 BRESCIA - TEL.: +39 030 2405511

FEE:

€ 350 FOR PLAYERS + € 35 SINGLE ROOM SUPPLEMENT FOR NIGHT

€ 400 FOR TRAINERS AND TEAM-MANAGERS

CHECK-IN DATE.....CHECK-OUT DATE.....

SINGLE ☐

DOUBLE ☐

NAME OF ROOMING PARTNER.....

**FEE INCLUDES:**

- ACCOMMODATION FROM THE 15<sup>TH</sup> MAY (AFTERNOON) TO THE 19<sup>TH</sup> MAY (MORNING)  
(4 NIGHTS INCLUDED BREAKFAST)
- 3 LUNCHES AT AC HOTEL OR AT TENNIS CLUB FORZA E COSTANZA
- 3 DINNERS AT AC HOTEL OR AT TENNIS CLUB FORZA E COSTANZA
- PLAYERS PARTY (FRIDAY NIGHT)
- TRANSFER FROM & TO BERGAMO (BGY) AND VERONA (VRN) AIRPORT – BRESCIA RAILWAY STATION
- TRANSFERS FROM & TO THE OFFICIAL HOTEL (AC HOTEL) AND FORZA E COSTANZA TENNIS COURTS
- WELCOME BAG
- WATER/SPORT DRINKS AND FRUITS
- PLAYERS LONGUE
- MASSEUR/PHYSIOTHERAPIST

**TOURNAMENT OFFICIAL HOTEL:**

☐ NO

€ 150,00

**FEE WITHOUT BOARD AND LODGING INCLUDES:**

- PLAYERS PARTY (FRIDAY NIGHT)
- WELCOME BAG
- WATER/SPORT DRINKS AND FRUITS DURING MATCHES
- PLAYERS LONGUE
- MASSEUR/PHYSIOTHERAPIST



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# TRAVEL

PLAYER NAME.....

COACH / GUESTS.....

MODE OF TRANSPORT      CAR ☐      PLANE ☐      TRAIN ☐

NUMBER OF WHEELCHAIRS .....

WHEELCHAIR BOX DIMENSIONS      HEIGHT.....      WIDTH.....      DEPTH.....

IF YOU ARE ARRIVING BY CAR, YOU DO NOT NEED TO COMPLETE THE FOLLOWING SECTION

ARRIVAL DATE.....      TIME.....

LOCATION (ENTER "X")

ORIO AL SERIO      ☐      FLIGHT NUMBER.....

VERONA      ☐      FLIGHT NUMBER.....

\*MALPENSA      ☐      FLIGHT NUMBER.....

\*LINATE      ☐      FLIGHT NUMBER.....

BRESCIA TRAIN STATION      ☐      TRAIN NUMBER.....

DEPARTURE DATE .....      TIME.....

ORIO AL SERIO      ☐      FLIGHT NUMBER.....

VERONA      ☐      FLIGHT NUMBER.....

\*MALPENSA      ☐      FLIGHT NUMBER.....

\*LINATE      ☐      FLIGHT NUMBER.....

BRESCIA TRAIN STATION      ☐      TRAIN NUMBER.....

## FLIGHTS DETAILS MUST BE CONFIRMED ONE WEEK BEFORE

\*TRANSFER FROM MALPENSA AIRPORT TO BRESCIA € 150      ☐      YES

\*TRANSFER FROM BRESCIA TO MALPENSA AIRPORT € 150      ☐      YES

\*TRANSFER FROM LINATE AIRPORT TO BRESCIA € 120      ☐      YES

\*TRANSFER FROM BRESCIA TO LINATE AIRPORT € 120      ☐      YES

TRANSFERS FOR ITS OWN      ☐      YES

**(TRANSFERS REQUESTED MUST BE PAY DURING THE FIRST DAY OF THE TOURNAMENT (16th May ) AT THE SECRETARY OF TENNIS CLUB FORZA E COSTANZA.)**

**SPECIAL REQUESTS:**

SPECIAL DIET: (TO SPECIFY) .....

ALLERGIES: (TO SPECIFY) .....

**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 24 of the Wheelchair Tennis Rules and Regulations 2024 and further that in accordance with Article 33(k) 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 2023. I note that the Tennis Anti-Doping Programme is set out in full on the ITF website ([www.itftennis.com](http://www.itftennis.com)) and in a separate rulebook that is published and distributed to all the National Associations and is also available upon application.

I understand and agree that I have a medically diagnosed permanent physical disability as defined in the Rules of Wheelchair tennis, found at <https://www.itftennis.com/en/about-us/governance/rules-and-regulations/?tour=wheelchair-tennis&type=tour-regulations> and that I am eligible to compete in ITF sanctioned wheelchair tennis tournaments. I understand that if requested by the ITF, I am required to supply appropriate medical documentation that substantiates the disability.

**Anti-Corruption**

I am bound by and will comply with the Uniform Tennis Anti-Corruption Program (the "Anti-Corruption Program"), a copy of which is available upon request from the ITF or may be downloaded at <https://www.itftennis.com/media/7660/2023-tacp.pdf>. The Anti-Corruption Program will govern my participation in ITF-sanctioned events (alongside the ITF Rules, including the Player Code of Conduct and the ITF Tennis Anti-Doping Programme, each of them applying concurrently and without prejudice to the other). The Tennis Integrity Unit may conduct investigations in relation to ITF-sanctioned events under the Anti-Corruption Programme, and will enforce any penalties, sanctions and/or other measures taken against me under the Anti-Corruption Programme. I hereby submit to the jurisdiction and authority of the ITF to manage, administer and enforce the Anti-Corruption Programme and to the jurisdiction and authority of the Court of Arbitration for Sport to determine any appeals brought under the Anti-Corruption Programme.

**Anti-Doping**

I am bound by and will comply with the Tennis Anti-Doping Programme (the "Anti-Doping Programme"), a copy of which is available upon request from the ITF or may be downloaded at <https://www.itftennis.com/en/about-us/governance/anti-doping/>. The Anti-Doping Programme will govern my participation in ITF-sanctioned events (together with the ITF Rules, including the Player Code of Conduct and the Uniform Tennis Anti-Corruption Program, each of them applying concurrently and without prejudice to the other). The ITF may conduct anti-doping testing at ITF-sanctioned events under the Anti-Doping Programme, and will enforce any penalties, sanctions and/or other measures taken against me under the Anti-Doping Programme. I hereby submit to the jurisdiction and authority of the ITF to manage, administer and enforce the Anti-Doping Programme and to the jurisdiction and authority of the Anti-Doping Tribunal and the Court of Arbitration for Sport ("CAS") to determine any charges brought under the Anti-Doping Programme.

Only cash payment will be accepted and must be done during the first day of the tournament (16th May) at the secretary of Tennis Club Forza e Costanza.

**All entries must arrive on a proper filled application form which can be download from [www.camozziopen.com](http://www.camozziopen.com).**

**All entries must be sent to the following email [info@activesportdisabili.it](mailto:info@activesportdisabili.it)**

**ALL PARTICIPANTS FROM ABROAD WITH A BUFFER OBLIGATION MUST PRESENT A NEGATIVE RESULT OF 48h MOLECULAR OR ANTIGENIC BUFFER BEFORE DEPARTURE FOR ITALY**

**POSSIBLE QUARANTINES CAUSING POSITIVITY WILL BE BORNE BY INDIVIDUAL PLAYERS**

The organizing committee refuses all responsibility in case of accidents that could occur at the tennis club and/or during the transfers from and to the airport, railway station and from the tennis club to the hotel.

With the signature of the present document the athlete authorized the association Active Sport and Main sponsor Camozzi to make use of any recording and photos realized during the tournament.

DATE.....

SIGNED.....