



TOURNAMENT NAME: **VULKANLAND – WHEELCHAIR TENNIS – OPEN**

NATION: AUSTRIA DATES: 29. JUL – 01. AUG

PLAYERS NAME: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ IPIN REGISTRATION NO.: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ TEL: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

**TENNIS INFORMATION**

**NB: All players must have adequate travel and health insurance.**

MEN:  WOMEN:  QUAD:  (Please tick one: X)

ARE YOU APPLYING FOR A WILD CARD INTO THE MAIN OR SECOND DRAW? MAIN:  SECOND:

DO YOU WISH TO APPLY TO USE YOUR FEED UP CARD AT THIS TOURNAMENT? **YES** **NO**

AT WHICH TOURNAMENT DID YOU WIN YOUR FEED UP CARD? \_\_\_\_\_

DO YOU INTEND TO PLAY DOUBLES? **YES** **NO** \_\_\_\_\_

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

ARE YOU BRINGING A REGISTERED COACH OR ADDITIONAL PERSONS  
(Please Specify)? \_\_\_\_\_

*\* If a coach, or any other person is accompanying you, please complete a separate form for each person travelling*

**TRAVEL DETAILS**

**Note: Transport is provided for flights arriving & departing between 7am-11pm.**

I WILL BE ARRIVING BY CAR:  TRAIN:  AEROPLANE:  (Please tick one: X)

DATE OF ARRIVAL: \_\_\_\_\_ TIME: \_\_\_\_\_ FLIGHT NO: \_\_\_\_\_ AIRPORT: **Graz (GRZ) only!**

DATE OF DEPARTURE: \_\_\_\_\_ TIME: \_\_\_\_\_ FLIGHT NO: \_\_\_\_\_

NO. OF CHAIRS : \_\_\_\_\_ NO. OF PEOPLE: \_\_\_\_\_ T-SHIRT SIZE: S  M  L  XL

**ACCOMMODATION REQUIREMENTS (to book for your own -> see fact sheet!)**

DO YOU REQUIRE ACCOMMODATION: **YES** **NO** EVERY DAY WHEELCHAIR USER: **YES** **NO**

ROOMING PARTNER: \_\_\_\_\_ SPECIAL REQUIREMENTS: \_\_\_\_\_

**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 Handbook 2010 and further that in accordance with Article 29(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 2010. 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 [www.itftennis.com/wheelchair/rules/eligibilityrules.asp](http://www.itftennis.com/wheelchair/rules/eligibilityrules.asp) 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.

NAME:(Block) \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_