



ENTRY FORM

Name _____

Surname _____

Address _____

IPIN _____

Nationality _____

Telephone _____

Fax _____

E-mail _____

Birth Day _____

Please choose the event you like to play:

SINGLE EVENTS

Men Main/2nd Quads Main
 Women Main

Are you applying for a wild card for the main draw? YES

Do you wish to use your feed up card? YES

If yes, at which tournament did you win your feed up card? _____

TRAVEL AND ACCOMODATION DETAILS

Please choose the package you like:

A **B** **individual**

Total number of wheelchairs _____

In case of choosing Package B or individual:

Arrival by Car Train Plane

Arrival Date _____

Arrival Time _____

Flight/Train Number _____

Companions (Are they wheelchair users?): _____

Notes: _____

In case of choosing Package B or individual:

Departure by Car Train Plane

Departure Date _____

Departure Time _____

Flight/Train Number _____

Notes: _____

In case of choosing Package individual:

Extra Nights 4th August-5th August 5th August-6th August
11th August-12th August

ACCOMODATION STADTHOTEL WAIDHOFEN/THAYA

Type of Room Single (additional costs!)
Double

Preferred Room Partner: _____

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 2019 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 all the provisions of the ITF Tennis Anti-Doping Programme 2019. I note that the Tennis Anti-Doping Programme is set out in full on the ITF website (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 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 substantiate the disability.

Date _____ Signature _____

Entries to	Philipp Dörre – Tournament Director A-3812 Groß Siegharts, Fraslasse 1, Austria E-mail: philipp.doerre@austrian-open.net Website: www.austrian-open.net
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