

2010 Canadian Wheelchair Basketball League Open Finals



Douglas College
Coquitlam & New Westminister
April 2-4, 2010

Presented by: BC Wheelchair Basketball Society
Sanctioned by: Wheelchair Basketball Canada



BCWBS
#210-3820 Cessna Drive
Richmond, BC V7B 0A2
Tel: 604-333-3530 Fax: 604-333-3450
www.bcwbs.ca

**CONTACT: Until March 11 – Lou Rene Legge lourene@bcwbs.ca
After March 15 – Carrie Linegar carrie@bcwbs.ca**

GENERAL INFORMATION:

Date: April 2-3-4, 2010

Venues: **Pinetree Centre (April 2-3)** (19 minutes / **8.60** miles to hotel)
1260 Pinetree Way
Coquitlam, BC V3B 7Z4

Douglas College (April 4) (12 minutes / **4.06** miles to hotel)
700 Royal Ave
New Westminister, BC V3L 5B2

Arrival: **Teams should plan to arrive**
Thursday, April 1, 2010
Games begin in the morning of
Friday, April 2, 2010
See schedule.

Departure: **Final games on Sunday will be played at Douglas**
College, New Westminister.
10am Bronze Medal Game
12pm Gold Medal Game
These games will be webcast by Sport Canada TV.

Registration Fee: **Provincial Teams - \$750 / team**
Registration and fees are due March 26/10
The registration fee includes:

- **Event t-shirts for registered participants**
- **Banquet Tickets for Saturday night for registered participants**
(Additional tickets \$40.00)

Please make registration cheques payable to: **BC Wheelchair Basketball Society**

In addition, the refundable performance bond of \$350.00** per team must have been received by Wheelchair Basketball Canada – this cheque will be returned upon receipt of the registration fee and package.

**** CWBL Open Technical Package Rule 5.3 reads;**

Teams representing their respective Conference will be required to submit an official letter of intent to participate and a performance bond (\$350) to Wheelchair Basketball Canada within 5 days of their respective Conference Final. From day 6-10 a performance bond of (\$500) is required. After day 10 the National Office along with the Domestic Committee will name another team to represent the Conference at Finals.

HOTEL REGISTRATION:

EXECUTIVE PLAZA HOTEL & CONFERENCE CENTRE COQUITLAM
405 North Road
Coquitlam, B.C. V3K 3V9
Toll Free: 1-888-433-EXEC (3932) | Fax: (604) 937-4577



The Executive Plaza Hotel Coquitlam is situated at the corner of Lougheed and North Road and is within walking distance to Lougheed Mall, shopping, dining, entertainment and recreation. 25 minutes from Downtown Vancouver. See MapQuest directions between hotel and venues.

<http://www.mapquest.com/mq/4-vxNfaU1UWqzO>

Please make reservations directly with the hotel.

Reservations must be received at the hotel by **Monday, March 8, 2010.** Teams must provide arrival & departure dates and preference for room type. Reservations may be received by email **reservationsc@executivehotels.net** or phone **604-936-9399**. Teams

must ask for the **Canadian Wheelchair Basketball Championships** rate at time of booking to receive the group rate.

ROOM INFORMATION:

Cost \$119.00 for single, double, triple, quad or suite

Teams first to book will be given suites on a first come, first served basis. Only 8 suites are available to be booked at this rate.

COACHES TECHNICAL MEETING:

Executive Plaza Hotel

Thursday, April 1st (Time TBA)

Hospitality Suite

BANQUET DETAILS:

- Executive Plaza Hotel
- Saturday, April 3, 2010
- Banquet tickets provided per team registration
- Additional tickets are \$40.00
- Please make cheques payable to the British Columbia Wheelchair Basketball Society

VAN RENTALS:

NOTE:

The BCWBS will meet all teams at the airport to assist with picking up the vans and getting to the hotel. Vans are necessary to travel between the hotel and venues. See below for best van rates.

The BCWBS will transport and store all sport equipment for the duration of the tournament.

(1) Discount Car & Truck Rental (1-604-207-8140)

Mini vans (10) are RESERVED under WHEELCHAIR SPORTS until March 15th.

Cost is \$49.95 with unlimited mileage (Best rate available)!

Discount is off-site but the BCWBS will assist with getting 2 drivers to the location and back to the airport.

(2) Thrifty Car Rental (1-877-283-0898) *Airport Pick Up with best rates.*

Mini vans are approximately \$65.00/day with unlimited mileage.

Other discounts available.

Book ASAP.

(2) National Car Rental (1-800-(CAR RENT) 227-7368) *At airport.*
 Mini vans are approximately \$84.00 per day with unlimited mileage.
 Book ASAP.

(3) Hertz Rentals (1-800-654-3131) *At airport.*
 Mini vans are \$83.00 per day with unlimited mileage.
 Book ASAP.

CLASSIFICATION:

A full panel of Classifiers will be present through the duration of the tournament. If your team has players requiring classification please note this information on the registration forms. Please visit <http://www.wheelchairbasketball.ca/en/content.aspx?id=81> for current classification and reclassification procedures.

SCHEDULE:

***This is a draft schedule and subject to changes**

Thursday April 1st	<i>Coaches / Managers Technical Meeting (evening)</i>	
Friday April 2nd		
12:00 PM	1A vs. 4A	1B vs. 4B
2:00 PM	2A vs. 3A	2B vs. 3B
4:00 PM	1A vs. 2A	1B vs. 2B
6:00 PM	3A vs. 4A	3B vs. 4B
Saturday April 3rd		
9:00 AM	1A vs. 3A	1B vs. 3B
11:00 AM	2A vs. 4A	2B vs. 4B
2:00 PM	4th place A v 4th Place B (7th Place)	3rd Place A v 3rd place B (5th Place)
4:00 PM	1st Place A v 2nd Place B	1st Place B v 2nd Place A
7:00PM	<i>BANQUET</i>	
Sunday April 4th		
10:00 AM	Bronze Medal Game	
12:00 PM	Gold Medal Game	

CONTACT INFORMATION	<p>Until March 11 – Lou Rene Legge lourene@bcwbs.ca After March 15 – Carrie Linegar carrie@bcwbs.ca</p>																
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Please return your registration form by: **March 26, 2010**

Name of team: _____

Team colors: _____

Contact person: _____

Address: _____

Phone and fax: _____

Email: _____

TEAM MEMBERS

Name	Jersey #	Class	T-Shirt Size
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

COACHES & SUPPORT STAFF

Name	Title/Role	T-Shirt Size

How many extra Banquet Tickets will your team need? (\$40 x _____ = \$ _____)

Dietary

Does anyone on your team have special dietary concerns? If so, please explain:

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Transportation

Team: _____

Method of travel: _____

Airline & Flight #: _____

Number of people on flight: _____

Number of additional wheelchairs: _____

Arrival:

Date: ____/____/____ Time: _____

Departure:

Date: ____/____/____ Time: _____

Accommodation – Rooming List (REMEMBER: Book your own rooms by March 8th!)

1. _____ and _____

2. _____ and _____

3. _____ and _____

4. _____ and _____

5. _____ and _____

6. _____ and _____

7. _____ and _____

8. _____ and _____

Note: Please return both forms, with your cheque, by **March 26, 2010** to enable planning for transportation, t-shirts, and banquet.

REGISTRATION DEADLINE: March 26, 2010
2010 CWBL Open League Finals Information
TEAM PROFILE

Please complete the following and return to the BCWBS as soon as possible. Please provide a team photo (if possible) with this form.

Team Name:

Home City/Province:

How and when was your team formed?

Please list a few of your team's or team member's accomplishments. (i.e. National Championships, Tournament Wins, Awards, etc...)

Are any of your team members or coaches involved with the National Team Program? If so please provide names and send profiles.

List any other interesting facts about your team, players &/or coach(s).

****Please provide as much information as possible. In order to attract added media attention, will be distributing advance press releases to the BC media.**

Photo Release Form

BCWBS

**#210 – 3820 Cessna Drive
Richmond, BC V7B 0A2**

Permission to Use Team/Individual Photographs

Subject: 2010 CWBL OPEN CLUB FINALS

Location: DOUGLAS COLLEGE

Date: April 2-4, 2010

I grant to the BCWBS, its representatives and employees the right to take photographs of me and/or members of my team in connection with the above-identified subject. I authorize the BCWBS, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the BCWBS may use such photographs of me and/or my team with or without names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature (Team Rep) _____

Printed name _____

TEAM (Province) _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)

RETURN SIGNED BY TEAM REPRESENTATIVE: MARCH 26, 2010
BC WHEELCHAIR BASKETBALL MEDICAL INFORMATION FORM

PLAYER INFORMATION

Last Name: _____ First Name: _____
Address: _____ City: _____
Province: _____ Postal: _____
Phone: _____ Date of Birth: _____
BC Medical #: _____ Group #: _____

PARENT OR GUARDIAN INFORMATION

Name: _____ Relationship: _____
Phone: home _____ work _____

PHYSICIAN INFORMATION

Name: _____ Relationship: _____
Address: _____ City/Prov: _____
Phone: daytime _____ evening _____

MEDICAL INFORMATION

Type of disability: _____ Able-bodied: _____
Date of onset: _____ Level of Injury: _____
Medication: _____ self-administered? Yes No
Dosage: _____ frequency: _____
Medication: _____ self-administered? Yes No
Dosage: _____ frequency: _____
Any known allergies? Yes No

If yes, please specify: _____

Other medical information concerning your current health status and any physical limitations:

Release to give program personnel right to act in case of emergency:

I understand that it is my responsibility to keep the team/program advised of any change I the above information as soon as possible, and that in the event no one can be contacted, team personnel will admit my child to the hospital if deemed necessary.

I _____ hereby authorize personnel of the BC Wheelchair Basketball Program to authorize appropriate emergency medical services as determined by the physician.

_____ Date: _____

Parent/Guardian Signature