



## *Inscription et information / Tournament Registration & Information*

**Événement/** *Championnats canadien de basketball en fauteuil roulant 2011*  
**Event:** *2011 National Wheelchair Basketball Championships*

**Date:** May 13-15, 2011

**Endroit /** Collège Édouard Montpetit Phone: (450) 679-2631  
**Location:** 945, chemin de Chambly  
Longueuil (Québec)  
J4H 3M6

**Format de la**  
**compétition/**  
**Competition**  
**Format:** Competition will begin on Friday morning, May 13<sup>th</sup> and continue on with the Championship Games taking place on Sunday afternoon, May 15<sup>th</sup>; followed by the team medal ceremony. The WBC Domestic Committee will determine the format of competition once team attendance is confirmed. Schedule to follow.

**Hôtel / Hotel**  
**Information:**

Host Hotel:

**Sandman Hotel** 999 rue de Serigny, Longueuil QC J4K 2T1  
**Phone:** 450 670-3030 ext 2023 **Toll free:** 1-800-493-7303 ext 2023  
**Email:** [fcouture@sandman.ca](mailto:fcouture@sandman.ca) [www.sandmanhotels.com](http://www.sandmanhotels.com)

Hotel Rooms must be directly booked by each team with the hotel.  
Mention booking group code: **AQSFR or #288525**

**Hotel rooms must be booked by April 12, 2011 to receive tournament rate and ensure availability.**

Please call or email rooming list directly to the hotel attention: France Couture

The following hotel rates will apply for single to quad occupancy:

- Standard Queen Room (100): \$114/night + tax = \$132.24(2 double beds)  
Rate includes parking, and local calls

Hotels are within a short distance of many restaurants and food services as well as a major shopping mall.

Teams should plan to arrive on Thursday, May 12<sup>th</sup> and depart on Sunday, May 15<sup>th</sup>, 2011 - late afternoon or early evening.



**Transport /  
Transportation:**

Teams will require their own vehicles to travel between the airport, hotel and competition venue. It is approximately a 20 minute drive from the Montreal Trudeau Airport to the hotel and 5 minutes from the hotel to the gym. Please note that your team may require more time to travel between the airport and hotel during peak rush hours times on Thursday.

**Transportation for sport chair from the airport to the gym and return will be provided by the AQSFR. Return will only be Sunday, March 15<sup>th</sup> – afternoon and Monday, March 16<sup>th</sup>. Any other period will be team's responsibility.**

Discount Mini van

Niki Amicone  
[Namicone@loisirquebec.qc.ca](mailto:Namicone@loisirquebec.qc.ca)  
1 800 932-3735

Mini-van - unlimited kms \$102,47\$ / day

**Rate include tax and insurance**

*It's possible to have a deduction for insurance if you book with a credit card with personal insurance.*

**Coût et  
inscription/  
Registration and  
Fees:**

The tournament registration fee is **\$500,00 per team** and includes tournament fee, transportation for basketball wheelchairs from the airport to the gym and the athlete's package. In addition, a **refundable performance bond of \$350,00 per team** must accompany your registration or be sent to WBC office (this will not be cashed).

Please make your cheques separate and payable to the **AQSFR** and send with your team registration/roster form by **April 1<sup>th</sup>, 2011**

Registration will be held at the hotel on the evening of Thursday, May 12<sup>th</sup> - exact time to be determined once team arrival times are confirmed. All teams must check in and pick-up their Welcome Packages.

**Banquet /  
Awards Banquet:**

The WBC Hall of Fame and Awards banquet will be held on Saturday evening, May 14<sup>th</sup> at the Sandman hotel. **Banquet tickets are available for \$40,00**

***Please be sure to inform you coaches and team members that the dress attire for the Awards Banquet is business casual.***

**Classification:**

Any teams who have players seeking classification or a review of their class must indicate this on their registration forms.



**Réunion des entraîneurs /Coaches Meeting:**

The Organizing Committee will be hosting a coaches meeting on Thursday evening, May 12<sup>th</sup> at the Sandman Hotel – exact time to be determined. Please ensure a representative from your team is present

**Ballon / Official Ball:**

Molten GG7 for Men and GG6 for Women

**Contrôle antidopage/ Doping Control:**

The CCES – Canadian Centre for Ethics in Sport will perform random doping control testing at these Championships. The CCES is authorized to administer the collection of samples in accordance with the Canadian Anti-doping Program, as adopted by WBC. More information about the CCES can be found at [www.cces.com](http://www.cces.com). All athletes and coaches should be made aware of this requirement.

**Ressource/ Contact Information:**

**Karine Côté**

AQSFR [www.aqsfr.qc.ca](http://www.aqsfr.qc.ca)

4545 Pierre de Coubertin C.P. 1000 succ. M H1V 3R2

**Tel:** 514-252-3108 **Fax:** 514-254-9793

[karinec12@hotmail.com](mailto:karinec12@hotmail.com)

Tournament information and registration forms will also be available on the Wheelchair Basketball Canada Website: [www.wheelchairbasketball.ca](http://www.wheelchairbasketball.ca)

**Date limite/ Required Information & Deadlines:**

Please forward your **Team Roster, Team Photo, Transportation Form, Team Profile Form, and Registration Fees** (\$500.00 per team plus \$350.00 performance bond) by **April 1<sup>th</sup>, 2011.**

**Please note the hotel deadline of April 12<sup>th</sup>! Rooms will be released after this date.**

Please find enclosed the following forms:

- Hotel Rooming List Due April 12<sup>th</sup>, 2011
- Team Roster Form Due April 1<sup>th</sup>, 2011
- Team Profile Form Due April 1<sup>th</sup>, 2011
- Team Transportation Form Due April 1<sup>th</sup>, 2011





**Les Championnats nationaux de basketball en fauteuil roulant 2011 sont supporté par:**





## Alignement / Team roster form

**Team name:** ..... Men's  Women's   
**Team colors** .....  
**Primary contact:** .....  
**Address:** .....  
**Phone & fax:** ..... **Email:** .....

### TEAM MEMBERS

Name	#	Class	Class. required	T-shirt size
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

### COACHING & SUPPORT STAFF

Name	Title/Role	T-shirt size
1.		
2.		
3.		

How many Banquet Tickets your team need? \_\_\_\_\_ X \$40 = \$\_\_\_\_\_

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

.....  
 .....

#### Enclosure Checklist:

- Registration Fee - \$500,00 (payable to AQSFR)
- Performance Bond - \$350,00 (payable to AQSFR unless on file with WBC)
- Banquet Ticket Fees
- Team Profile Form & Team Photo
- Transportation Information Form

**Please return to Karine Côté, AQSFR**  
**4545 Pierre de Coubertin C.P. 1000 succ. M H1V 3R2**  
**Tel: 514-252-3108 Fax: 514-254-9793**  
[karinec12@hotmail.com](mailto:karinec12@hotmail.com) **DEADLINE: APRIL 12<sup>th</sup>, 2011**



## Hôtel / Hotel rooming list

**Reservation group: AQSFR or #288525**

**Team name:** ..... **Men's**  **Women's**

**Primary contact:** .....

**Address :** .....

**Phone & Fax:** .....

**Email:** .....

The following hotel rooms are available for single to quad occupancy:

- Standard Queen Room: (2 double beds)

### Rooming List

Room	Room Occupants		Room Type
1	1-	3-	<input type="checkbox"/> Standard Double Queen
	2-	4-	
2	1-	3-	<input type="checkbox"/> Standard Double Queen
	2-	4-	
3	1-	3-	<input type="checkbox"/> Standard Double Queen
	2-	4-	
4	1-	3-	<input type="checkbox"/> Standard Double Queen
	2-	4-	
5	1-	3-	<input type="checkbox"/> Standard Double Queen
	2-	4-	
6	1-	3-	<input type="checkbox"/> Standard Double Queen
	2-	4-	
7	1-	3-	<input type="checkbox"/> Standard Double Queen
	2-	4-	

**Please return directly to:**

**Sandman Hotel** 999 rue de Serigny, Longueuil QC J4K 2T1  
**Phone:** 450 670-3030 ext 2023 **Toll free:** 1-800-493-7303 ext 2023  
**Email:** [fcouture@sandman.ca](mailto:fcouture@sandman.ca) [www.sandmanhotels.com](http://www.sandmanhotels.com)  
**DEADLINE: April 12<sup>th</sup>, 2009**



## Profile d'équipe / Team profile form

This information will be used for the program and media releases related to the 2011 National Championships. Please provide a team photo, team logo or individual player photo from your team with this form.

Team Name:

Men's  Women's

How and when was your team formed?

What is your history of participation and results at the National Wheelchair Basketball Championships?

What are your team's most notable accomplishments or memorable moments?  
(ie. national championships, tournament wins, awards, etc.)

List any other interesting facts about your team, players, and/or coaches.  
(I.e. has any athlete/coach been to a Paralympics? Has anyone won MVP or had an outstanding performance at a recently? Any mentoring opportunities occurring or other great stories to tell?)

Photo Enclosed: Yes

**Please return to Karine Côté, AQSFR**  
**4545 Pierre de Coubertin C.P.. 1000 succ. M H1V 3R2**  
**Tel: 514-252-3108 Fax: 514-254-9793**  
[karinec12@hotmail.com](mailto:karinec12@hotmail.com) **DEADLINE: APRIL 1<sup>th</sup>, 2011**



## Transport / Team transportation form

*Please complete separate team transportation forms for each men's and women's team.*

**Team name:** ..... **Men's**  **Women's**   
**Contact:** .....  
**Phone:** ..... **Email:** .....

### FLIGHT INFORMATION

Please provide your teams travel information below. If the team is travelling at different times, please provide flight information for all groups.

#### Arrivals Information:

Group #1

Arrival Date:	Arrival Time:	No. People in Group:
Airline:	Flight #:	No. of Wheelchairs:

Group #2 (if applicable)

Arrival Date:	Arrival Time:	No. People in Group:
Airline:	Flight #:	No. of Wheelchairs:

Group #3 (if applicable)

Arrival Date:	Arrival Time:	No. People in Group:
Airline:	Flight #:	No. of Wheelchairs:

#### Departure Information:

Group #1

Departure Date:	Departure Time:	No. People in Group:
Airline:	Flight #:	No. of Wheelchairs:

Group #2 (if applicable)

Departure Date:	Departure Time:	No. People in Group:
Airline:	Flight #:	No. of Wheelchairs:

Group #3 (if applicable)

Departure Date:	Departure Time:	No. People in Group:
Airline:	Flight #:	No. of Wheelchairs:



# Transport / Team transportation form

## GROUND TRANSPORTATION

Please specify your requirements for ground transportation for your team for the duration of the tournament. This information will speed up the rental pick-up process at the airport upon arrival. **Niki Amicone** will coordinate all bookings with Discount Car Rental on your behalf and be at the airport to facilitate vehicle pick-up and drop-offs. All vehicles required will be the team's financial responsibility, but will be booked and coordinated by **Niki Amicone**.

Send this information by e-mail to: **Niki Amicone**

[Namicone@loisirquebec.qc.ca](mailto:Namicone@loisirquebec.qc.ca)

1 800 932-3735

Vehicle #1:	Mini-van <input type="checkbox"/>		
Driver's Name:		Driver's License #:	
Address:		Postal Code:	
Phone:		Driver Age:	
Driver's arrival date and time:			
Credit card #:	exp:		
Vehicle #2:	Mini-van <input type="checkbox"/>		
Driver's Name:		Driver's License #:	
Address:		Postal Code:	
Phone:		Driver Age:	
Driver's arrival date and time:			
Credit card #:	exp:		
Vehicle #3:	Mini-van <input type="checkbox"/>		
Driver's Name:		Driver's License #:	
Address:		Postal Code:	
Phone:		Driver Age:	
Driver's arrival date and time:			
Credit card #:	exp:		

### Transportation for sport chairs from the airport to the gym

Will you use the transport provided by the AQSFR: yes / no