**Tournament Registration and Information /
Inscription et Information**

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| Event Événement | 2017 CWBL Women’s National ChampionshipChampionnât national de la LCBFR 2017 |
| Date | April 21-23 avril, 2017 |
| VenueLieu de compétition | Haber Recreation Centre3040 Tim Dobbie DriveBurlington, Ontario, L7M 0M4 |
| Competition Formatde compétition | The competition will begin on the morning of Friday, April 21 and continue with the medal games taking place on the morning/early afternoon of Sunday, April 23, followed by the team medal ceremony. The WBC Domestic Committee has determined the format of competition based on the number of teams confirmed. A detailed schedule has been sent to teams. Pool assignments were based on the results from the 2016 CWBL Women’s National Championship. |
| AccommodationsHébergementAccommodationsHébergement(cont.) | Athletes, coaches, officials, classifiers, and staff will be accommodated at the Sandman Hotel Oakville, the host hotel for the event. The hotel is conveniently located within a short distance to the competition venue as well as many restaurants, food outlets, shopping, and another amenities.Sandman Hotel Oakville3451 South Service Road WOakville, ON, L6L 0C3[www.sandmanhotels.com](http://www.sandmanhotels.com)Hotel rooms must be directly booked by each team with the hotel. Mention booking group code: **OWSA2017**The following hotel rates are applicable for single to quad occupancy:* Standard Queen Room: $115/night + HST (13%)
* Accessible Rooms (king beds only): $115/night + HST (13%)

Hotel rooms must be booked by **March 27** to receive the tournament rate and ensure availability. Please call and email rooming list directly to the hotel’s attention:Krista Silva, Sales Managersales\_oakville@sandman.ca1-289-881-7255Teams should plan to arrive on Thursday, April 20 and depart on Sunday, April 23 after 6:00pm |
| TransportationTransport | Teams will be asked to provide their own transportation during the tournament. **The OWSA will ensure the transportation of sport wheelchairs between the airport and the competition venue. Equipment will be securely stored overnight on site throughout the event.** Please see below a list of vehicle rental companies that can be found at Toronto Pearson International Airport and Hamilton International Airport.

|  |  |
| --- | --- |
| **Toronto Airport**Avis1-800-879-2847[www.avis.ca](http://www.avis.ca)Dollar/ThriftyDollar: 1-800-800-4000 [www.dollar.com](http://www.dollar.com)Thrifty: 1-800-847-4389[www.thrifty.com](http://www.thrifty.com)Hertz 1-800-263-0600[www.hertz.com](http://www.hertz.com) | Budget1-800-268-8900[www.budget.ca](http://www.budget.ca)Enterprise Rent-A-Car 1-800-736-8222[www.enterprise.ca](http://www.enterprise.ca)National/AlamoNational: 1-800-227-7368 [www.nationalcar.ca](http://www.nationalcar.ca)Alamo: 1-800-464-5266[www.alamo.ca](http://www.alamo.ca) |
| **Hamilton Airport**Avis1-800-272-5871[www.avis.ca](http://www.avis.ca) | National Car Rental1-800-CAR-RENT (227-7368)[www.nationalcar.ca](http://www.nationalcar.ca) |

At this time we are unable to provide a discount on car rentals but are working on it. More details will be available in the near future. |
| Registration and FeesInscription et frais | The tournament registration fee is **$800.00** per team and includes the team’s tournament fee, wheelchair transportation, banquet tickets (maximum 12 players and 2 coaches/staff) and welcome packages. **Payment Options**Credit Card/PayPal:Teams can choose to pay online at <https://owsa.ca/product/2017-cwbl-womens-national-championship/> using a credit card or PayPal account.Cheque:If paying by cheque, please make payable to the Ontario Wheelchair Sports Association and ensure that it is sent with your Team Roster by **March 22.**Registration will be held at the host hotel on the evening of Thursday, April 20 – exact time will be communicated to the teams once team arrival times are confirmed. All teams must check in and pick up their welcome packages upon arrival.In addition, the refundable performance bond of **$350** per team must be received by Wheelchair Basketball Canada by **March 17** – this cheque will be returned upon receipt of the registration fee and package.Cheques can be sent to:Wheelchair Basketball CanadaATTN: Ryan Lauzon6 Antares Drive, Phase 1, Unit 8Ottawa, ON, K2E 8A9 |
| Banquet | The tournament banquet will be taking place on the evening of Saturday, April 22 in the **Abbey Room** at the Sandman Hotel Oakville.Additional banquet tickets are available and can be purchased for $55.00 |
| Classification | Any teams who have players seeking classification or a review of their class must indicate this on their registration forms. The classification review procedure can be viewed online at <http://www.wheelchairbasketball.ca/the-sport/classification/> |
| Coaches MeetingRéunion des entraîneurs | The Organizing Committee will be hosting a coaches meeting on Thursday, April 20 at **9:00pm** in the **Maclean Room** at the host hotel. A minimum of one representative from each team is requested at this meeting. |
| Official BallBallon officiel | Molten GG6 |
| Doping ControlAntidopage | The CCES – Canadian Centre for Ethics in Sport – may 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.ca](http://www.cces.ca). All athletes and coaches should be made aware of this requirement. |
| Contact  | All inquiries can be forwarded to / toutes questions et demandes peuvent être envoyées à:Josée MatteWheelchair Basketball Provincial CoordinatorOntario Wheelchair Sports Association101-100 Sunrise Avenue, Toronto ON, M4A 1B3Tel: 416-855-0745 | josee@owsa.ca[www.owsa.ca](http://www.owsa.ca) |
| DeadlinesDates limites | * Performance Bond (WBC) – Friday, March 17
* Team Roster & Registration Fees – Wednesday, March 22
* Hotel Rooming List & Booking – Monday, March 27
* Transportation Form – Wednesday, March 22
* Team Profile & Team Photo – Wednesday, March 22
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 **The 2017 CWBL Women’s National Championship is proudly supported by / Le championnât canadien de la LCBFR 2017 est soutenu par:**

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**Team Roster Form / Allignement**

**Team Name / Nom d’équipe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Colours / Couleurs d’équipe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact Person / Contact principal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address / Adresse:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone / Téléphone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email / Courriel:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Team Members / Membres d’équipe**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name / Nom** | **#** | **Classification** | **Classification Required? (Y/N)** | **T-shirt Size** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |

**Coaching & Support Staff / Entraîneur(euse) et personnel d’équipe:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name / Nom** | **Title / Titre** | **T-shirt Size** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

Additional banquet tickets required /
billets surplus requis pour le banquet: \_\_\_\_\_\_\_\_\_\_\_ X $55.00 = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone on your team have any food allergies, dietary restrictions, or dietary concerns?
If so, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please return directly to / Retournez directement:**Josée Matte (josee@owsa.ca) by March 22 mars, 2017

**Hotel Rooming List /
Formulaire d’hébergement**

Booking code de réservation: **OWSA2017**Deadline / Date limite: **March 27 mars, 2017**

**Team Name / Nom d’équipe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact Person / Contact principal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address / Adresse:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone / Téléphone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email / Courriel:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Standard Queen Room (50): 2 queen beds - $115/night + HST (13%)
* Wheelchair Accessible Rooms (17): king beds only - $115/night + HST (13%)

**Note:** Rooms are allocated on a first come, first served basis and a credit card number will be required to guarantee reservations.

|  |  |  |
| --- | --- | --- |
| **Room / Chambre** | **Room Occupants / Occupants de chambre** | **Room type de chambre** |
| 1 |  |  | * Standard Queen
* Accessible
 |
|  |  |
| 2 |  |  | * Standard Queen
* Accessible
 |
|  |  |
| 3 |  |  | * Standard Queen
* Accessible
 |
|  |  |
| 4 |  |  | * Standard Queen
* Accessible
 |
|  |  |
| 5 |  |  | * Standard Queen
* Accessible
 |
|  |  |
| 6 |  |  | * Standard Queen
* Accessible
 |
|  |  |
| 7 |  |  | * Standard Queen
* Accessible
 |
|  |  |

**Please return directly to / Retournez directement:**
Krista Silva, Sales Manager, Sandman Hotel Oakville
sales\_oakville@sandman.ca | 1-289-881-7255by March 27 mars, 2017

**Transportation Form /
Formulaire de transport**

 **Team Name / Nom d’équipe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact Person / Contact principal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone / Téléphone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email / Courriel:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Flight Information**Please provide your team’s travel information below. If the team is travelling at different times, please provide flight information for all groups.
SVP veuillez fournir toutes informations pour votre équipe ci-dessous. Si les membres de votre équipe voyagent à différents temps, veuillez fournir l’information pour chaque groupe.

**Arrivals Information / Arrivées**

|  |
| --- |
| Group / Groupe 1 |
| Date: | Time / Heure: | # People / Membres: |
| Airline / Compagnie: | Flight # de vol: | # of wheelchairs / fauteuils: |

|  |
| --- |
| Group / Groupe 2 (if applicable / si nécéssaire) |
| Date: | Time / Heure: | # People / Membres: |
| Airline / Compagnie: | Flight # de vol: | # of wheelchairs / fauteuils: |

**Departure Information / Départs**

|  |
| --- |
| Group / Groupe 1 |
| Date: | Time / Heure: | # People / Membres: |
| Airline / Compagnie: | Flight # de vol: | # of wheelchairs / fauteuils: |

|  |
| --- |
| Group / Groupe 2 (if applicable / si nécéssaire) |
| Date: | Time / Heure: | # People / Membres: |
| Airline / Compagnie: | Flight # de vol: | # of wheelchairs / fauteuils: |

**Please return directly to / Retournez directement:**Josée Matte (josee@owsa.ca) - March 22 mars, 2017

**Team Profile / Profile d’équipe (pt. 1)**

This information will be used for the event programme and any media releases relating to the 2017 CWBL Women’s National Championship.
L’information ci-dessous sera inclus dans le programme du tournoi, ainsi que dans tous communiqués de presse au sujet du championnât national féminin de la LCBFR 2017.

**Team Name / Nom d’équipe:**

**How and when was your team formed? / Quand et comment a été formé votre équipe?**

**What is your history of participation and results at the CWBL Women’s National Championship? / Quel est votre record de participation et résultats au championnât national féminin de la LCBFR?**

**What are your team’s most notable accomplishments or memorable moments? (ie. National Championships, tournament wins, awards, etc.) / Quels sont vos achèvements ou moments les plus mémorables? (Ex. Championnât National, prix, honneurs, etc.)**

**Team Profile / Profile d’équipe (pt.2)**

**List any other interesting facts about your team, players, and/or coaches. (ie. has any athlete and/or coach been to a Paralympic Games? Has anyone won an MVP award or had an outstanding performance at a recent event? Are there any mentoring opportunities occurring or other great stories to tell?)**

**Veuillez fournir autres faits saillants au sujet de votre équipe, vos athlètes et/ou entraîneurs-euses. (Ex. Avez-vous des membres avec expérience aux Jeux Paralympiques? Avez-vous des membres qui ont déjà reçu un prix MVP ou autres honneurs? Faites-vous parvenir des opportunités de mentorat à ce moment? Avez vous autres bonnes histoires à raconter?)**

Team Photo / Photo d’équipe

Please be sure to attach a team photo with your Team Profile submission. Should a team photo be unavailable, simply submit your team or PSO’s logo.

SVP faites parvenir une photo d’équipe avec votre profile. Si vous n’avez pas une photo d’équipe, simplement envoyez un logo pour votre équipe ou association provinciale.

* Team photo enclosed / Photo d’équipe incluse
* Team or PSO logo enclosed / Logo d’équipe ou d’association provinciale inclus

**Please return directly to / Retournez directement:**Josée Matte (josee@owsa.ca) - March 22 mars, 2017