

Inscription et information / Tournament Registration & Information

Event: CWBL Women's National Championship 2016

Date: April 15-17 avril, 2016

Location: Centre Sportif Édouard Montpetit
945, chemin de Chambly
Longueuil (Québec) J4H 3M6

**Competition
Format:**

Competition will begin on Friday morning, April 15th and continue on with the Championship Games taking place on Sunday afternoon, April 17th; followed by the team medal ceremony. The WBC Domestic Committee will determine the format of competition once team attendance is confirmed. Schedule to follow.

**Hotel
Information:**

Host Hotel: Sandman

Teams will be accommodated at the Hotel Sand Man. The Hotel is located 30 minutes from the airport and 4 km from the competition site.

Hôtel Sandman 999 rue de Serigny, Longueuil QC J4K 2T1

Phone: 450-670-3030

1-800-493-7303

Email: toursalesmont@sandman.ca

Hotel Rooms must be directly booked by each team with the hotel.

Mention booking group code: **Parasports Québec**

Hotel rooms must be booked by March 14th, 2016 to receive tournament rate and ensure availability.

Please call or email rooming list directly to the hotels attention.

The following hotel rates will be applied for single to quad occupancy:

- Standard Queen Room (30): \$119/night + tax

Hotels are within a short distance of many restaurants, food services and gymnasium.

Teams should plan to arrive on Thursday, April 14th and depart on Sunday after 6:00pm

Transportation:

Teams will be asked to provide their own transportation during the tournament. Parasports Québec will ensure the transportation of the sport wheelchairs to the tournament site. Below is a list of rental car companies that can be found at the airport.

Company	Toll Free
Alamo	1800 462-5266
Avis	1800 879-2847
Budget	1800 268-8970
Dollar	1800 800-4000
Enterprise	1800 736-8222
Hertz	1800 263-0678
National	1800 277-7368
Thrifty	1800 847-4389

At this time we are unable to provide a discount on car rentals but are working on it. More details to come.

Registration and Fees:

The tournament registration fee is **\$800 per team** and includes tournament fee, wheelchair transportation, banquet tickets (maximum 12 players and 2 coach) and the athlete's package. Please make your cheque payable to **Parasports Québec** and send with your team registration/roster form by **March 17th, 2016**

In addition, the **refundable performance bond of \$350 per team** must have been received by Wheelchair Basketball Canada by February 17th –this cheque will be returned upon receipt of the registration fee and package by **March 1st, 2016**.

Registration will be held at the hotel on the evening of Thursday, April 14th - exact time to be determined once team arrival times are confirmed. All teams must check in and pick-up their Welcome Packages.

Awards Banquet:

Banquet will be held on Saturday evening, April 16th.
Extra banquet tickets are available for \$45

Classification:

Any teams who have players seeking classification or a review of their class must indicate this on their registration forms. Classification review procedure can be viewed online at www.wheelchairbasketball.ca

Coaches Meeting:

The Organizing Committee will be hosting a coaches meeting on Thursday evening, April 14th at the Hotel – exact time to be determined. Please ensure a representative from your team is present

Official Ball:

Molten GG6

Doping Control:

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.com. All athlete and coaches should be made aware of this requirement.

***Contact
Information:***

Yasmine Méziane

Parasports Québec www.parasportsquebec.com
4545 Pierre de Coubertin, Montréal, Québec H1V 0B2
Tel: 514-252-3108 ext.3743 **Fax:** 514-254-9793
parasports@parasportsquebec.com

Martin Gadouas

Tel: 514-252-3108 ext.3743 **Fax:** 514-254-9793
mgadouas@parasportsquebec.com

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

Please forward your **Team Roster, Team Photo, Transportation Form, Team Profile Form, and Registration Fee** (\$800 per team) by **March 17th, 2016**.

Please note the hotel deadline of March 14th! Rooms will be released after this date.

Please find enclosed the following forms:

- | | |
|----------------------------|--------------------------------------|
| ▪ Performance bond (WBC) | Due February 17 th , 2016 |
| ▪ Team Roster Form | Due March 17 th , 2016 |
| ▪ Team Profile Form | Due March 17 th , 2016 |
| ▪ Team Transportation Form | Due March 17 th , 2016 |
| ▪ Hotel Rooming List | Due March 14 th , 2016 |

CWBL Women's National Championship 2016 are support by:

Alignement /Team roster form

Team name:

Team colours

Primary contact:

Adresse :

Phone & fax: **Email:**

TEAM MEMBERS

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

COACHING & SUPPORT STAFF

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

How many extra Banquet Ticket your team need? _____ X \$45 = \$_____

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

.....
.....

Enclosure Checklist:

- Registration Fee - \$800 (payable to Parasports Québec)
- Team Profile Form & Team Photo
- Transportation Information Form

**Please return to Yasmine Méziane, Parasports Québec
4545 Pierre de Coubertin Montréal, QC H1V 0B2**

Tel: 514-252-3108 ext.3647 **Fax:** 514-254-9793

parasports@parasportsquebec.com **DEADLINE: MARCH 17th, 2016**

Hôtel / Hotel rooming list

Reservation group: Parasports Québec

Team name:

Primary contact:

Address:

Phone & Fax:

Email:

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

- Standard Queen Room (38) : (2 double beds)
- Wheelchair Accessible Room (2)

Rooming List

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

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Email: toursalesmont@sandman.ca

DEADLINE: MARCH 14th, 2016

Profile d'équipe / Team profile form

This information will be used for the program and media releases relating to the 2016 CWBL Women Finals. Please provide a team photo, team logo or individual player photo from your team with this form.

Team Name:

Women's

How and when was your team formed?

What is your history of participation and results at the Junior 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

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Tel: 514-252-3108 ext.3647 Fax: 514-254-9793
parasports@parasportsquebec.com **DEADLINE: MARCH 17th, 2016**

Transport / Team transportation form

Team name:

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:

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