



Jr West Regional Championships Registration Information

April 28 – 30, 2017



Location: Penhold Regional Multiplex, 1 Waskasoo Ave, Penhold, AB T0M 1R0
Phone: (403) 886-4567 http://www.townofpenhold.ca/Multiplex_Facility.php

Hotel: Sheraton Red Deer Hotel, 3310 50 Ave, Red Deer, AB, T4N 3X9
Ph: 1-800-662-7197
Fx: 403-346-4790

To book, click on the link below:
<https://www.starwoodmeeting.com/Book/WheelchairSports2017>

Cut-off Date: The "cut-off date" for reserving rooms in the Room Block is 5.00 p.m. local time at Hotel on April 7 2017. After the cut- off date. it is at Hotel's discretion whether to accept additional reservations, which will be subject to prevailing rates and availability.

Rates: Hotel will provide the guest room rates below for the Room Block (the "Rates"):

Rooms	Single Rate	Double Rate	Triple Rate	Quad Rate
Accessible	\$139	\$139	\$159	\$179
Deluxe, 2 Queens	\$139	\$139	\$159	\$179

All guest room rates are quoted exclusive of applicable federal, provincial, and local taxes, which are currently 4% Tourism Marketing Levy and 5% Goods & Services Tax as well as the following automatic charges. 1% Destination Marketing Fee. No automatic or mandatory charges are tips, gratuities, or service charges for employees, unless otherwise expressly stated.

Teams & Officials

Hotel rooms must be directly booked with the hotel. Teams are responsible for the costs associated with the hotel booking.

Please use the link provided above for bookings.

Rates include Parking at the hotel and complimentary wifi.

Transportation: Teams & officials will require their own vehicles to travel between the airport, hotel and competition venue. It is approximately 1 hour and 15 minute drive from the airport to the hotel and competition venue.

The competition venue is a 15 minute commute from the hotel.

Vehicle Booking / Rental Information:

All vehicles will be rented through Enterprise . WSA has reserved a number of mini-vans for the Jr west teams and officials. Please connect with Shawn Walter at wsa3@telus.net to confirm your rental vehicle.

Airport Pickup

Mini-van \$263.49 for 3 day rental, with unlimited KM

Sport Chair Transport

Coloplast has sponsored the rental vehicle to do the sport chair transportation from the airport to Penhold Regional Multiplex. Please wait for more details on this.

Competition: Penhold Regional Multiplex

- Friday April 28th Gym available 4 – 10 pm
- Competition will begin on Saturday April 29th at 9:00 am and continue through Sunday April 30th , 2017

(If required some games may be played on Friday evening)

- Championship games will conclude on Sunday April 30th 2017 and will conclude at 12:00p
- A brief award ceremony will be presented immediately following the final game and will conclude at 12:30p

Registration: A fee of \$250. Per team

- includes the tournament and social on Saturday night.
- Please make cheques payable to Wheelchair Sports Alberta and send in with your team registration / roster by April 1, 2017
- Registration will be held at the hotel on the evening of Friday April 28th from 6 – 8pm in the Valencia Room.
- All teams must check in and pick up their welcome packages.

Mail Cheques to:

Wheelchair Sports Alberta

11759 Groat Road, Edmonton, AB, T5M 3K6

Social: The social will be held Saturday, April 29th, 2017
More details to come.

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

Coaches Meeting: The coaches meeting will be held on Friday April 28th at the Sheraton Red Deer Hotel – Valencia Room from 8:00 – 10:00 pm

Official Ball: Molten GG7

Contact Information: Jen Sales – Executive Director
Wheelchair Sports Alberta
11759 Groat Road, Edmonton, AB, T5M 3K6
Ph: 780-427-8699 Fx: 780-422-2663
Email: wsa1@telusplanet.net
Web: www.abwheelchairsport.ca

Deadlines: The following are due by: Friday April 1, 2017

1. Team Roster
2. Team Photo
3. Team Profile Form
4. Registration Fee (\$250. Per Team)

Special thanks to:



**WHEELCHAIR
BASKETBALL
CANADA**

2017 Jr West Regional Championships

TEAM ROSTER FORM

Team Name: _____ Team Colours: _____

Primary Contact: _____ Address: _____

Phone: _____ Fax: _____ Email: _____

Name: Team Members	Uniform #:	Class:	Classification Required:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Name: Coaching & Support Staff	Title Role:
1.	
2.	
3.	
4.	

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

Do you require extra banquet tickets? If Yes, How Many? _____ X \$40. = _____

Names of Extra Tickets: _____

Enclosure Check List:

☐ Registration Fee ☐ Team Profile Form ☐ Team Photo

2017 Jr West Wheelchair Basketball Championships

TEAM PROFILE FORM

Please return to: Jen Sales – Exec Dir, WSA / 11759 Groat Road, Edmonton, AB, T5M 3K6
Fx: 780-422-2663 / Email: wsa1@telusplanet.net

This information will be used for the Official Program and media releases relating to the 2017 Jr West Regional Championships. If possible please provide a team photo with this form:

Team Name: _____

How and when was your team formed?

What is your history of participation? Any special accomplishments or memorable moments?

List any other interesting facts about your team, players, and/or coaches.

Photo Enclosed: Yes []

Please return to: Jen Sales – Executive Director, WSA

11759 Groat Road, Edmonton, AB, T5M 3K6

2017 Jr West Wheelchair Basketball Championships

TEAM TRANSPORTATION FORM

Fx: 780-422-2663 / Email: wsa1@telusplanet.net

Please complete separate Transportation Forms for each Team

Questions or inquiries in completing this form can be directed to Jen Sales 780-427-8699

Team Name: _____

Primary Contact: _____

Phone: _____ Email: _____

Flight Information - Please provide your teams travel information below:

ARRIVAL INFORMATION -

Group #1

Arrival Date:	Arrival Time:	# People in Group:
Airline:	Flight #:	# of sport chairs:

Group #2

Arrival Date:	Arrival Time:	# People in Group:
Airline:	Flight #:	# of sport chairs:

Group #3

Arrival Date:	Arrival Time:	# People in Group:
Airline:	Flight #:	# of sport chairs:

DEPARTURE INFORMATION –

Group #1

Departure Date:	Departure Time:	# People in Group:
Airline:	Flight #:	# of sport chairs:

Group #2

Departure Date:	Departure Time:	# People in Group:
Airline:	Flight #:	# of sport chairs:

Group #3

Departure Date:	Departure Time:	# People in Group:
Airline:	Flight #:	# of sport chairs:

