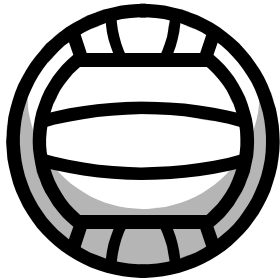
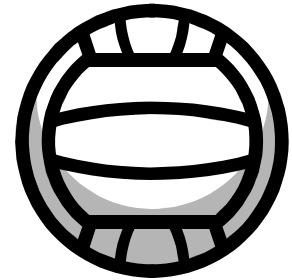


2009 URO MEDICAL CRASH TEST WHEELCHAIR RUGBY TOURNAMENT



**UNIVERSITY OF REGINA
REGINA, SASKATCHEWAN
October 16th – 18th, 2009**



Presented by:

Saskatchewan Wheelchair Rugby Club

In collaboration with:

Saskatchewan Wheelchair Sports Association

Sanctioned by:

Saskatchewan Wheelchair Sports Association

Saskatchewan Wheelchair Sports Association
Andrea Muir
510 Cynthia Street
Saskatoon, Saskatchewan
S7L 7K7
Phone: (306) 975-0824
Fax: (306) 975-0825
Email: swsa@shaw.ca

Committee Contact: Miranda Biletski
47 Sommerfeld Drive
Regina, Saskatchewan
S4V 0C6
Phone: (306) 546-3575
E-mail: miranda_biletski@hotmail.com



GENERAL INFORMATION

Arrival: Transportation will be provided at all time **Thursday, October 15th**
Transportation will be provided **ONLY until 2pm Friday, October 16th**

Departure: Transportation will be provided **ONLY after 8pm Sunday**
Transportation will be provided at all time **Monday October 19th**

Registration Fee: **\$750.00/team**

- Covers 10 people - players and staff
- \$50/person (after 10 people on the roster)

Includes:

- Airport Transportation
- Hotel to Gym return Transportation
- 10 Tickets to the Social – additional tickets - \$35.00 ea.
- Water at the gym
- Breakfast at the gym Saturday & Sunday
- Lunches at the gym Saturday & Sunday
- Registration bag

Tournament Play: Round Robin Tournament
- Maximum 6 teams

Location: **Centre for Kinesiology Health and Sport**
University of Regina
3737 Wascana Parkway
Regina, Saskatchewan

Games Start: **5:30 Friday night**

Officials Clinic: Conducted by Pierre-Alexandre Brière
FREE



HOTEL RESERVATION

The official hotel for the tournament is the Sandman Hotel Suites & Spa

Host Hotel: **Sandman Hotel Suites & Spa**

1800 Victoria Ave East

- Denny's is directly connected
- Moxie's is a few feet from the front entrance
- Brewsters is across the parking lot
- Indoor pool and fitness centre

Reservation Information: Please make your own reservations

- Booking Reference **#140959**
- Central Reservations: **(800) 726 3626**
- Hotel Direct line: **(306) 757-2444**
- Rooms will be released on September 16th, 2009
- **Rooming Lists must be sent to Ashley Moyer (Front Office Manager) by September 16th, 2009. Ashley can be contacted by telephone (306) 757-2444 ext. 6, by email fom_regina@sandman.ca, or by fax (306) 757-2445**

Room Information: Cost \$119.00 to \$159.00 + taxes/ night

<u>Room Type</u>	<u>Rate</u>	<u>Available</u>
Standard King	\$119	3 Standard/4 Accessible
Standard Double	\$119	9
Junior Corporate King Suite	\$124	9
Corporate King Suite	\$129	12
King Suite	\$139	3
Executive King Suite	\$159	20

- King executive suites
 - Closed off bedroom with king sized bed
 - Living and dining area with pull-out bed
 - Kitchen with fridge and microwave
 - Large washroom
- Wheelchair suite
 - King sized bed
 - Wheel in shower (quite nice)

**2009 URO MEDICAL Crash Test Wheelchair Rugby Tournament
Regina, Saskatchewan, October 16TH – 18th, 2009**

**Please return with your registration fee by SEPTEMBER 21, 2009
Make all cheques payable to the Regina Wheelchair Rugby Club**

Name of team: _____
Team colours: _____
Contact person: _____
Address: _____
Phone and fax: _____
E-mail: _____

Players

Class	Name	Jersey number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total # of players: _____

Staff Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

Total # of staff: _____

Dietary

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

Classification

Does anyone on your active roster require classification? Review? If so, please provide their name, where and when they were classified, and their current class:

Name Current Class When & Where they were Classified

**2009 URO MEDICAL Crash Test Wheelchair Rugby Tournament
REGINA, SASKATCHEWAN
OCTOBERN 16TH - 18TH, 2009**

Transportation

Team:

Method of travel:

Airline & flight #:

Number of people on flight: _____

Number of additional wheelchairs: _____

Arrival:

Date: _____ / _____ / _____ time: _____

Departure:

Date: _____ / _____ / _____ time: _____

Will you need local transportation to the gym? Yes___ No___

Accommodation- rooming list (REMEMBER- book your own rooms!)

- | | | |
|----------|-----|-------|
| 1. _____ | and | _____ |
| 2. _____ | and | _____ |
| 3. _____ | and | _____ |
| 4. _____ | and | _____ |
| 5. _____ | and | _____ |
| 6. _____ | and | _____ |
| 7. _____ | and | _____ |
| 8. _____ | and | _____ |

Note: please return both forms, with your cheque, to **Regina Wheelchair Rugby Club** by **SEPTEMBER 21, 2009** to enable planning for transportation, social, and goodie bags.

**Regina Wheelchair Rugby Club
47 Sommerfeld Drive
Regina, Saskatchewan
S4V 0C6**

REGISTRATION DEADLINE: September 21, 2009