



27th ANNUAL WINDSOR CLASSIC INDOOR GAMES FOR THE PHYSICALLY DISABLED

WHEELCHAIR RUGBY TOURNAMENT

April 4 – 6, 2008
St. Clair College

Book your hotel accommodations early!
Hilton and Radisson Hotels

***** TEAM ENTRY DEADLINE: FRIDAY, MARCH 14, 2008 *****

For Tournament Information:

Celia Southward – 1-888-519-3333 ext. 6717

Email: csouthward@city.windsor.on.ca

Web: www.wcigonline.com





Windsor Classic Indoor Games for the Physically Disabled

Wheelchair Rugby Tournament

- Date:** April 4 – 6, 2008
- Location:** [St. Clair College, Windsor Campus](#)
2000 Talbot Road West, Windsor, ON
- Time:** The tournament starts at 4:00 p.m. on Friday, April 4th
- Type:** 8.0
- Format:** A maximum of 8 teams
A minimum of 4 games
- Rules:** The tournament will follow the IWRF Rules.
- Registration:** Please complete the Tournament Contact sheet, Team Registration Form, Individual Athlete/Coach Entry Forms, and Banquet Information, which are included in this rugby package. The fee for this tournament is \$45 per athlete/coach/support staff involved in the WCIG. Please make your cheque payable to:
Windsor Classic Indoor Games
Parks & Recreation Department
2450 McDougall St.
Windsor, Ontario
N8X 3N6
*** Sorry NO post-dated cheques accepted. ***
- Registration deadline:** All entry forms are due by March 14, 2008
- Classifier:** There will be a classifier during the tournament. Players who need to be classified, please contact Celia Southward at 1-888-519-3333 ext. 6717. Please, identify on the Team Information sheet players which athletes will require classification.
- Hotel:** Teams are responsible for the booking of their hotel rooms.

<p>Radisson Hotel 333 Riverside Dr W Windsor, ON N9A 5K4 Tel: 519-977-9777</p>	<p>\$115 \$120 \$125 plus parking fax: 519-977-1411</p>
<p>Hilton Windsor 277 Riverside Dr. W. Windsor, ON N9A 5K4 Tel: 519-973-5555</p>	<p>\$115 \$120 \$125 plus parking fax: 519-973-1600</p>



Windsor Classic Indoor Games for the Physically Disabled

Wheelchair Rugby Tournament Contact Sheet

Organization: _____

Team Name: _____

Team Contact: _____

Mailing Address: _____

Phone: (home) _____ (work) _____

Fax: (home) _____ (work) _____

E-mail: _____ Cell
Phone: _____

Please complete this Tournament Contact sheet first and forward to Windsor. The Team Information sheet (**printed** player names in full, jersey numbers, classification, DOB, Coaches, Trainer), Team Registration Form, payment, and dinner Information may follow by the deadline date. You may complete this package and send it by mail/courier if you wish.

www.wcigonline.com

**Entry Information only: Windsor Classic Indoor Games
Parks and Recreation Department
2450 McDougall Street
Windsor, Ontario
N8X 3N6
Fax: (519) 253-2300**





Windsor Classic Indoor Games for the Physically Disabled

Wheelchair Rugby Team Information

Team Name: _____

Coach: _____

Manager: _____

Team Colours: Home _____

Away _____

	PLAYER'S NAME * please print clearly *	Jersey #	Classification	Date of Birth
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

NOTE:

1. Please allow enough time for classification before your first scheduled game.
2. The schedule will follow after the deadline date.

