

Accommodations and Transportation

Accommodation and transportation costs are **not** included in the entry fee.

Accommodations:

Host Hotel

Sheraton Vancouver Guildford Hotel
15269 104 Ave
Surrey, BC

Room Rate: \$125.00 per room plus applicable taxes (double occupancy)
Accommodation costs are **not** included in the entry fee.

To make reservations, contact:

Margaret Lange
604 587 6111

Rooms are held under **Boccia Tournament 2009**. Rooms will be released January 26th, 2009.

Transportation:

Transportation **between the airport and hotel is not provided.**

Suggested transportation contact: **Surrey HandyDart**

To make transportation arrangements, speak with Lynn Embury. To ensure transportation with Surrey HandyDart, you must **book at least 6 weeks** in advance of travel.

Lynn Embury

604 575 6606
6AM – 2PM PST
Monday to Friday

Internal Transportation:

The host hotel and the venue are **within walking distance** of each other and therefore internal transportation is not needed. The host hotel is also within walking distance of the Guildford Mall where all amenities can be found.

Definitions:

Participant: Athlete, Sport Assistant, Coach, Assistant Coach, Team Manager or any other person who participates in the 2009 Canadian Boccia Championships.

Athlete: Must be classified in either the BC1, BC2, BC3 or BC4 classes and be at least 15 years of age as of the first day of the year of competition. i.e. January 1st, 2009

Wild card athlete: Athletes who did not make their provincial team, but would like the experience of competing at the national championships. Wild card athletes must be members of their PSO, must have competed at their provincial championship in 2008/09 and must be provincially classified in the BC1, BC2, BC3 or BC4 division. They are not a member of the provincial team and may only play in individual competition.

Sport Assistant: participant who accompanies an athlete

Rules: this competition will follow the 10th edition CPISRA Rules for Boccia

Host Organizing Committee

Administration: Terrie Moore

Ceremonies: Betty Gilbert

Classification Coordinator: John Cumberbirch

Logistics: Michael Zorn

Head Referee: Donna Zorn

Technical Delegate: Maxine Clark

Tentative Schedule

March 13th	Arrivals
March 14th	Athlete's, Coach's and Official's meetings Education session Classification Practice Opening Ceremony
March 15th to 17th	Competition
March 17th	Closing Ceremony
March 18th	Departures

Intent to Register

To be completed and returned by December 18th, 2008

Province:

Team Contact / Manager Name:

Team Contact Mailing Address:

Telephone:

Fax:

Email:

Coach:

Assistant Coach(es):

Other Team Staff (not including Sport Assistants):

BC1 Athletes	BC2 Athletes
BC3 Athletes	BC4 Athletes

Number of Sport Assistants:

Will your team be participating in:

Pairs BC3

Pairs BC4

Team (BC1 / BC2)

Tentative Arrival and Departure dates and times:

Intent to Register Wild Card Athlete

To be completed and returned by December 18th, 2008

Province:

Name:

Mailing Address:

Telephone:

Fax:

Email:

Coach:

Will your coach accompany you? Yes No

Will you be bringing a Sport Assistant(s): Yes No If yes, how many:

Classification:

When and where were you last classified?

Last provincial championships you attended:

Have you ever competed in boccia nationals: Yes No

If yes, when and where?

Tentative Arrival and Departure dates and times:

2008-2009
SPORTS
WHEELCHAIR
ATHLETES
WORLD
CUP
2008

Participant Registration Form

To be completed by every participant and returned by January 7th, 2009

Legal Name:

Address:

Province:

Postal Code:

Date of Birth:

Phone:

Email:

Emergency contact:

Phone:

Team contact:

Phone:

T-shirt size: small medium large x large xx large xxx large

Dietary Requirements:

Food Allergies:

Please check the appropriate box:

Athlete

Sport Assistant

Coach

Manager

Official

Other

BC1

BC2

BC3

BC4

Individual

Pairs BC3

Pairs BC4

Team

2009 BC Winter Paralympic Athlete Registration Form

Team Roster

To be completed and returned by January 7th, 2009

BC1 Athletes	Sport Assistants
BC2 Athletes	Sport Assistants
BC3 Athletes	Sport Assistants
BC4 Athletes	Sport Assistants
Is your Province competing in: Pairs BC3 <input type="checkbox"/> Pairs BC4 <input type="checkbox"/> Team <input type="checkbox"/>	

Team Staff

Team Manager:
Coach:
Assistant Coach:
Assistant Coach:
Other (please specify):

Payment

_____ of Team Members x \$275.00 = \$ _____

Please make cheques payable to **SportAbility** and mail to:

SportAbility
 6235A 136 St
 Surrey, BC
 V3X 1H3

