



9th ANNUAL SCREAMERS CLUB INVITATIONAL TOURNAMENT

Saturday 4th, Sunday 5th – February 2016
City Centre Park & Eagle Ridge Centre
1089 Langford Parkway, Langford, B.C

Hotels

Hotel Reservations

Four Points Sheraton Victoria Gateway
829 McCallum Road Victoria, B.C. V9B 6W6
Call Toll Free 1-800-368-7764

And request "Victoria Disability Sports" "Association Group rate"

OR

Holiday Inn Express – Toll free number 1-877-660-8550
_ 318 Wale rd. Colwood B.C. V9B OJ8
_ called direct 250-385-7829
_ www.hiexpress.com/victoriabc

Call Dixie at 1-800-661-5224 – 1-604-533-5352
dixiek@MaritimeTravel.com

INFORMATION

Registration Fee:

- Athlete & Sports Assistant combined **\$115.00**
- All east coast athletes may sign up with a special rate of **\$95.00**. All non-BC athletes must pay a **\$5.00** event insurance registration fee in addition to the above. Please add this amount onto your registration cost.

Closing date for entries is **Dec.06/2015**.Late registrations will not incur a fee, but will only be accepted with a valid reason.

Schedule

Saturday: 10-4pm & Sunday 9-5pm

Teams will be played on Saturday starting approx.: 10:00 a.m. – 4:00 p.m. the team games will finish on Sunday if necessary starting 9:00 am. Individual games will be played on Sunday after all Team & Pairs games are finished. (If Team & Pairs are finished on Saturday then Individual games will start on Schedule on Sunday at 9:00 am.)

All athletes living and training **in BC must be a current Sportability member to participate in the Screamers Tournament**. If you are not a Sportability member, you can find Individual and Family membership forms on the Sportability website.

(A detailed playing schedule or draw will be posted in January once all entries have been received)

MEALS

- Breakfast on Sat.Feb.4th and Sun. 5th is Athletes, Caregivers and Officials responsibility.

There is a restaurant at the Four Points Sheraton Victoria Gateway or Tim Horton's or A&W are within walking distance.

- Lunches will be provided for Athletes, Care-givers and Officials at the Tournament for both days.
- There will be a banquet dinner served on Sat.5th at a local diner at caregivers, officials & athletes expense. All dinner tips are pay for by the Host club.

Equipment

If you prefer to have your equipment locked up at Eagle Ridge please call Kelly at 250-744-0251

Airport Transportation

The Screamers Club will provide round trip transportation from Victoria Airport to Four Points Sheraton Victoria Gateway Hotel.

Victoria Transportation from the Hotel to the venue is the responsibility of the Athletes/Caregivers, you must call **Victoria Transit System at 1-250-727-7811** to reserve your transportation **14 days in advance**. If you want the host club to do this for you, please call Ron Halpen and provide your transit number and flight information.

QUESTIONS?

Ron Halpen -Manager @ 1-250-478-5854 or Cell 1-250-507-0125
E-mail – victoriascreamersclub@gmail.com

Kelly Halpen – Assistant Manager @ 1-250- 744-0125
#307-290 Regina St.V8Z 6S6 Victoria, B.C.
Kelly.n.Halpen@gmail.com

Or E-MAIL Ross MacDonald- Executive Director of Sportabilitybc – Rossm@sportabilitybc.ca or
phone at 1-604-324-1411 You may also contact the Provincial Coach Shannon Sydorak at
boccia@sportabilitybc.ca

Payment

ALL EASTERN CLUBS & VANCOUVER PLEASE SEND REGISTRATION FORMS & FEES TO SPORTABLITY BC

In care of Sportability BC and mail to:

Ross MacDonald-Executive
Sports Development Manager
780 SW Marine Drive,
Vancouver, BC,
V6P 5Y7

Please note: All Victoria members can pay Victoria Screamers club directly, if you wish to pay by
cheque it must be made out to “ [sportabilitycpsaVictoria](#)” or also if you want to use
[PAYPAL](#) please direct your cash to Chris Halpen Dominator211@gmail.com



Registration Fee:

Athlete & Sports Assistant combined **\$115.00**

Closing date for entries is **Dec.6th/2015**. Late registrations will not incur a fee, but will only be accepted with a valid reason.

All East Coast athletes may sign up with a special rate of **\$95.00**. All non-BC athletes must pay a \$5.00 event insurance registration fee in addition to the above. Please add this amount onto your registration cost. (i.e. \$100 for entry)

Tournament registration form

NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

PHONE NUMBER: _____

E-MAIL: _____

DATE OF BIRTH: _____ (MONTH / DAY / YEAR) _____

DIETARY REQUIREMENTS:

ALLERGIES:

EMERGENCY CONTACT:

PHONE:

All participants must be a current member of Sportability to participate in the tournament

CURRENT MEMBER OF SPORTABILITY: YES _____ NO _____

DETAIL EVENT INFORMATION (ATHLETES ONLY)

Event information (Must be completed)

PRINT NAME

BC1 _____

ASSISTANT Name for BC1 _____

BC2 PRINT NAME

BC3 PRINT NAME _____

ASSISTANT Name for BC3 _____

BC4 PRINT NAME

BC5 PRINT NAME

OPEN PRINT NAME

NAME OF TEAM (PROVINCE) – yes or no _____

COACH - _____

DIFFERENT CLUB NAME PLEASE-

LOCAL TEAM PLAY yes no

LOCAL PAIRS yes no

“YOU MUST FILL OUT THE CONSENT FORMS ATTACH TO THESE FORMS ON THE NEXT PAGE, THANK YOU “

