



Bendigo Wheelchair Basketball Challenge

[Entry Form](#)

The Event

The 2011 Bendigo Wheelchair Basketball Tournament is open to players throughout Australia. Entry fee into event will be **\$130**, with the option of two different grades to select from:

- A Grade
- B grade

Please note that subsequent changes may be made to the above competition structure depending on the number of teams that enter each grade.

Dates

Saturday 24th – Sunday 25th September

Venue

Flora Hill Stadium
56 Ellis Street, Flora Hill

Match Format

A Grade & B Grade

Each competition will consist of 1 pool.

- Two halves of 20 minutes, no shot clock (However if a team is deemed to be deliberately holding up play the referees will order a turn over).
- The half time interval is three minutes
- The 3/2 ruling will be in place, by which a team cannot have any more than two able-bodied players on court at any one time
- Each team entitled to one time out of 1-minute duration per half

Please note that subsequent changes may be made to that above competition structure depending on the number of teams that enter each grade.

Entries

Please note that for individual player registrations, DSR can assign individual players to a team if you would like to participate in the tournament.

All players must be members of Disability Sport & Recreation or their respective disability state organisation.

**Please note entries close Monday 12th September*



Accommodation

Disability Sport & Recreation recommend the following accommodation options:

Tea House Motor Inn

<http://www.teahousemotorinn.com.au/>

Best Western Crystal Inn

<http://crystalinn.bestwestern.com.au/>

City Centre Motel

<http://www.citycentremotel.com.au/>

Transport

It is the responsibility of players and teams to arrange their own transport to and from the event

Players Information

Final player information will be emailed to team captains/coaches from Monday 19th September.

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ENTRY FORM

Team Name:			
Grade (Please Circle): A B			
Team Captain/Coach:		Singlet Colour:	
Contact Number: (H)		(W)	(M)
Contact Address:			Post Code:
E-mail Address:			
	Name	Wheelchair / AB	Singlet no.
Player 1			
Player 2			
Player 3			
Player 4			
Player 5			
Player 6			
Player 7			
Player 8			
Player 9			
Player 10			



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PAYMENT DETAILS

Team Name:

TOTAL FEES ENCLOSED

- ☐ Please deduct the entry fee from my levy account
- ☐ Please find enclosed my cheque/money order for this amount
- ☐ Please debit my credit card as follows:

Card Type: ☐ VISA ☐ MasterCard ☐ Bank Card ☐ AMEX

Name _____

Card Number _____

CCV no. _____

Expiry Date: ____ / ____

Signature _____ Date: ____ / ____ / ____

Total: \$ _____

Please send form with payment to:

Tim Nield

Email: tim@dsr.org.au

Disability Sport & Recreation
PO Box 207, Abbotsford Vic 3067
Fax: (03) 9473 0134

