

## **Kelowna Invitational Bocce Tournament**

DATE:	Saturday, June 3 <sup>rd</sup> , 2023
LOCATION:	Parkinson Recreation Centre Field 1800 Parkinson Way Kelowna, BC
TIME:	Warm Up 9:00 to 9:15 Coaches Meeting 9:15 to 9:30 Round Robin Competition Begins at 9:30 Lunch Break 12:00 to 12:45 Competitions Resumes at 12:45 Semi Final Match 2:30 PM Finals 3:30 PM Ribbon Presentation 4:30 PM
	will not change. Final Schedule will be emailed to registered coaches one week prior to competition.
SANCTIONING:	The competition will be sanctioned by Special Olympics BC and follow Sport Specific Rules as posted on the SOBC web site.
EVENTS:	This is a Bocce Team tournament and Teams must have 4 Bocce Players
REGISTRATION:	\$ \$40.00/ Team
	cheques are to be made out to Special Olympics Kelowna.

\*\*Please note that fees are due and payable for all participants that register. If participants are unable to attend after registering fees are still due and payable.



**TRANSPORTATION:** Travel to and from the venue will be the responsibility of the attending local

ACCOMODATION:	If you require accommodations, you will be required to secure on your own.
	However, if you would like suggestions contact the Local Coordinator
	(kelowna@specialolympics.bc.ca).

MEALS: Teams will be responsible for their own lunches, as this is a one day tournament

Water – all participants are asked to bring their own water bottles. Bottled Water will not be provided but will be areas to refill bottles

**MEDICAL:** Teams must always have a complete set of medical forms with them and provide to medical staff as needed.

There will be a First Aid person at the tournament at all times in the event of an emergency. (Kim Rutledge)

**COACH SIGN IN:** All coach will be required to sign in at the competition, bring their NCCP#, and attend the complete competition.

## **REGISTRATION DEADLINE:** May 25 20323

Please complete the registration form in full and submit by the deadline. Late registration will not be able to be accommodated.

All registrations and tournament entry fees must be received by the deadline. Payment can be brought to the tournament. Please bring checkes if possible.

Please direct registration and any questions to:	Name Leo Rutledge
	Email kelowna@specialolympics.bc,ca
	Phone 250-991-9759



Kelowna Invitational Bocce Tournament
Team Registration Form

TEAM NAME:		REGION:	LOCA	\L:		
	TEAM NAME	:				
(please print)	Head Coach:	(please print)		Email: _		
Overall Ability Level of Team A B C (please circle)	01	verall Ability Level of Team	А	В	С	(please circle)

## **TEAM ROSTER**

Athlete Name	Gender	DOB (dd/mm/yy)	Athlete Ability Level (please indicate by checking the appropriate box)		
			Α	В	С

Please ensure you have medical forms for your athletes with you.

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Dietary Restrictions:

\*\*Each team to have 4 athletes and 1 coach (Please include a separate page for each team)