



2nd Annual Texas Thunder  
Wheelchair Rugby Tournament  
Irving, Texas  
February 4<sup>th</sup> – 7<sup>th</sup>, 2010

December 10, 2009

Dear Team Representative,

The Texas Stampede, RISE Adventures, and C and R Medical would like to invite you to the 2nd Annual "Texas Thunder" Wheelchair Rugby Tournament. The tournament will be held February 4<sup>th</sup> – 7<sup>th</sup>, 2010 in Irving, Texas.

**REGISTRATION** – Contact James Gumbert at (512)791-2644 or [coachgumbie@gmail.com](mailto:coachgumbie@gmail.com) to reserve your teams spot in the tournament. Once your team has confirmed participation in the tournament, a \$450 registration fee applies. This fee will cover up to 16 people players and/or staff and any additional players and/or staff is \$25 each. Checks will need to be received no later than January 10, 2010. If checks are not received by this date your teams spot is subject to being filled by an alternate team, if this payment date is not possible please contact me.

Make Checks payable to: Texas Wheelchair Rugby Association (TWRA) and mail to: Texas Wheelchair Rugby Association Attn: James Gumbert 11104 Spicewood Club Drive Austin, Texas 78750.

**HOTEL** – Host Hotel is the Hilton Garden Inn DFW Airport South. 2001 Valley View Lane, Irving, Texas 75061 Rooms are under RISE Adventures at a rate of \$79.00 Reservations can be made at 817-306-9498. Overflow Hotel Comfort Inn 4940 W Airport Freeway Irving, TX 75062. Rooms have been reserved under the name of RISE Adventures Wheelchair Rugby Tournament. Please mention the group name to receive the special rate of \$55.00 per night, plus tax. Comfort Inn Hotel Reservations can be made by calling 972) 790-7979.

**FLIGHTS** - Dallas/Ft Worth International Airport (DFW) will be the airport you should arrive and depart from (transportation will only be provided from this airport) Teams should arrive as a group **no later than Thursday 4th,** to guarantee transportation to the

hotel. We will try to meet those arriving separately, but make no promises. Please schedule your flights accordingly. Airport transportation will also be provided on **Sunday, February 7th**. Airport transfers will be available from the gym on Sunday. Those staying in Texas longer will be returned to the Hotel.

**GROUND TRANSPORTATION** - Daily transportation to the gym will be provided from the Host Hotel. Buses will leave 90 minutes prior to game time.

**PLAYING SITE**- Competition will take place at Senter Park 900 Senter Road Irving, TX 75060 (972) 721-2641 The gym is air-conditioned and has a single full size court. Overnight storage for playing chairs is available at your own risk.

**START TIME** - 8:00 AM on Friday, February 5th, 2010. (Transfers begin at 6:30a.m)

**END TIME** - Play and Awards Ceremonies should be concluded by 3:00 p.m. on Sunday. Please schedule your departure accordingly.

**PLAYING SCHEDULE** - The schedule will be posted on the web and emailed to all team representatives as soon as it is available. USQRA rules apply.

**FOOD**- Lunch will be provided at the gym daily for players, coaches and support staff only. Dinner will also be provided on Friday and Saturday nights for players, coaches and support staff only.

**QUESTIONS:** Call James Gumbert (512)791-2644. You can also e-mail me at [coachgumbie@gmail.com](mailto:coachgumbie@gmail.com)

We look forward to your team joining us in February for a weekend full of top competition.

Thank you,

James Gumbert  
Texas Thunder Tournament Director

# Registration and Roster

Team Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Coach: \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Team Colors: \_\_\_\_\_

	<u>Players' Name</u>	<u>Classification</u>	<u>Jersey #</u>	<u>Shirt size</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____

	<u>Support Staff Name</u>	<u>Classification</u>	<u>Jersey #</u>	<u>Shirt size</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Sponsor(s): \_\_\_\_\_

# Transportation

Team Name:

Team Contact:

Phone:

Number of people traveling:\_\_\_\_\_

IMPORTANT: Number of people who cannot transfer into bus seat:\_\_\_\_\_

Number of wheelchairs: (everyday):\_\_\_\_\_ (rugby):\_\_\_\_\_

## Flight Information

Arrival:

Flight #: \_\_\_\_\_ Airline: \_\_\_\_\_ Date: \_\_\_\_\_ Time:  
\_\_\_\_\_

Departure:

Flight #: \_\_\_\_\_ Airline: \_\_\_\_\_ Date: \_\_\_\_\_ Time:  
\_\_\_\_\_

**WE ARE RENTING OUR OWN TRANSPORTATION\_\_\_\_\_**

***\*\*\*\*Please complete and return this form by January 20, 2010***