

13th ANNUAL U.S. OPEN INTERNATIONAL WHEELCHAIR BONSPIEL
NOVEMBER 30 - DECEMBER 2, 2018



Utica, New York
www.uticacurlingclub.org
(6 sheet curling club)

Accommodations

1. Holiday Inn (www.holidayinn.com)
1777 Burrstone Rd
New Hartford, New York 13413
Hotel Front Desk: 1-315-797-2131
WLAN free in every room *Rate \$85/night, Mention Utica Curling Club Wheelchair Event
2. Hampton Inn North Utica
172 North Genesee Street
Utica, New York 13502
Hotel Front Desk: 1-315-733-1200
WLAN free in every room, hot breakfast included, heated indoor swimming pool
Please reference International Curling Championship block *Rate \$119/night
3. Holiday Inn Express & Suites
23 Wells Avenue
Utica, New York 13502
Hotel Front Desk: 1-315-724-2726
WLAN free in every room, hot breakfast included, heated indoor swimming pool
4. Hampton Inn & Suites New Hartford
201 Woods Park Drive
New Hartford, New York 13323
Hotel Front Desk: 1-315-793-1600
WLAN free in every room, hot breakfast included, heated indoor swimming pool

Entry fee

\$360 USD rink fee per 4 person team
Includes lunch on 11/30, 12/1 and 12/2 as well as dinner on 12/1
*\$10 USD per additional lunch, \$20 USD per additional dinner

Transport

\$100 USD per person includes one roundtrip from/to **Syracuse Hancock International Airport** plus daily roundtrip from/to hotel and curling club on 11/30-12/2. Some restrictions apply.

Tournament

Maximum of twelve teams
Start on Friday, November 30 at 8:00 A.M. Ends on Sunday, December 2 at 2:30 P.M.

Registration deadline: Registrations and all applicable fees are due by October 13th.
Please complete forms below and submit via e-mail to mdeperno@sitrin.com.

TRANSPORTATION

COUNTRY:	
CONTACT NAME:	
ADDRESS:	
TEL/FAX:	
E-MAIL:	

ARRIVAL AND DEPARTURE INFORMATION

Transportation will be provided from/to **Syracuse Hancock International Airport** plus daily roundtrip from/to hotel and curling club on 11/30-12/2. Some restrictions apply.

Cost is \$125 USD per person.

FLIGHT NO.	ARRIVAL DATE	ARRIVAL TIME	FLIGHT NO.	DEPARTURE DATE	DEPARTURE TIME

All completed forms should be returned via E-mail to **mdeperno@sitrin.com**.

TEAM DETAILS

NAME	GENDER (M/F)	WHEELCHAIR (YES/NO)	ROLE (ATHLETE/STAFF)	POSITION

Guest Names: _____

Extra Meals Number: _____

Comments / Notes [Include dietary concerns, special needs, etc.]: _____

\$ _____ Rink Fee _____ Number @ \$360 USD

\$ _____ Transportation _____ Number @ \$125 USD

\$ _____ Extra Lunch _____ Number @ \$10 USD

\$ _____ Extra Dinner _____ Number @ \$20 USD

\$ _____ Total Enclosed

All completed forms should be returned via E-mail to mdeperno@sitrin.com.

**Please mail payment to: Marc DePerno
Sitrin Health Care Center
2050 Tilden Avenue
New Hartford, NY 13413
United States of America**