

2016 STATE BOWLING TOURNAMENTS

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. BOWLING

<i>Event Code</i>	<i>Event Description</i>
BOSING	Singles (one person)
BODBLE	Doubles (two person)
BOSINR	Singles – Ramp (one person)
BOTEAM	Team Bowling (four person)
BWLDEV	Developmental Singles & Ramp (one person) (non-advancing, regional only)

ELIGIBILITY FOR STATE BOWLING TOURNAMENT PARTICIPATION

1. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics on file in the Headquarters office postmarked by to **October 1, 2016** to remain valid through **date of the State Bowling Tournament you are attending**.
2. A bowling scratch score is based on a 15-game average submitted to the Regional office along with any other registration information prior to the deadline date for a Regional tournament. (The 15-game average can be based on any documented games which have taken place since the completion of last year's State bowling tournament.)
3. Athletes must place first, second or third at a regional tournament to be eligible to advance to the State bowling tournaments. Teams missing a player may not advance.

COST:DELEGATES ARE THE ATHLETES, COACHES AND CHAPERONES

Plan C: Day Of: \$8.00 per delegate

REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:

NORTHWESTERN TOURNAMENT

November 12, 2016
Weston Lanes – Weston
Regions 2 & 3
Host: Region 2
Ellen Daniels
edaniels@specialolympicswisconsin.org
715-848-0550
715-848-0880 *fax*

NORTHEASTERN TOURNAMENT

November 13, 2016
Ashwaubenon Lanes- Green Bay
Willow Creek Lanes – Green Bay
Regions 4 & 5
Host: Region 5
Carla Lieb
clieb@specialolympicswisconsin.org
920-497-2422
920-497-0126 *fax*

SOUTHWESTERN TOURNAMENT

November 12, 2016
Bowl-A-Vard Lanes – Madison
Prairie Lanes – Sun Prairie
Regions 6 & 7(western)
Host: Region 6
Kate Bergmann
kbergmann@specialolympicswisconsin.org
608-442-5679
608-222-3578 *fax*

SOUTHEASTERN TOURNAMENT

November 20, 2016
Bowlero Lanes - Wauwatosa
Region 7(eastern) & 8
Host: Region 8
Jason Blank
jblank@specialolympicswisconsin.org
262-241-7786
262-241-5334 *fax*

State Games Registration Checklist

Please take the time to go through this checklist when filling out your registrations. This will help prevent mistakes and help process your registration faster.

This checklist is meant to be a useful tool to help you with games registrations and may not be an all-encompassing list. Please make sure to review rules and policies for each sport and game.

Contact Information:

- ☐ Enter contact information for person who will be receiving all email and mailings regarding tournament information
- ☐ Head of Delegation name and contact
 - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

Checklist of Enclosures and Delegate Numbers:

- ☐ Check boxes next to which materials you are including in the registration packet
- ☐ Confirm all materials are included in the packet when registering
- ☐ Make sure correct number of athletes without wheelchairs, with wheelchairs, and coaches/chaperones (separated by gender) is entered and added up correctly.

Registration Fees:

- ☐ Enter correct number of delegates into the correct registration plan and total monetary amount.
- ☐ If dividing your agency between two plans
 - Make sure you fill out two separate registration packets!
 - Each registration packet must have a separate Head of Delegation
- ☐ Check the box next to how your agency will be paying for the games fees – In-House Account or Non In-House Account

Housing and Meals:

- ☐ Enter correct amount of housing needed separated out by gender
- ☐ Enter the correct number of meals you will need. If you will not be taking meals, please enter “0”
- ☐ Enter correct number of *optional* meals (ex: Sunday Lunch) you will need. *Be sure any associated fees are included in your total*

Agency Manager Signature:

- ☐ Please sign or type (if filling out electronically) name and date.

Coach/Chaperone Roster:

- ☐ Enter in names and gender of all Certified Coaches and Chaperones attending the Games
- ☐ Check if they will be needing housing, in a wheelchair, or an Athlete as Coach (AAC).
- ☐ CONFIRM:
 - All coaches are current class A Volunteers and have completed the General Coach's Orientation
 - All chaperones are current class A Volunteers
- ☐ If questions regarding class A or coach certification status, please contact your Regional Athletic Director or Volunteer Records Manager (608-442-5675)

(continue next page)

Athlete Rosters:

- ☐ Fill out rosters for all sports you will be competing in at the Games.
- ☐ Confirm
 - All athlete names entered and all events they will be participating entered
 - Check boxes if they will be needing housing
 - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
- ☐ Medicals
 - Confirm all athlete medicals are current for the Games.
 - Any questions regarding medical status of athletes, please contact your Regional Athletic Director or our Athlete Records Manager (608-442-5677)
- ☐ Special Needs Forms
 - Submit Special Needs Forms for any athlete needing this (ex: non-verbal, behavior issues, etc). *Special Needs Forms must be submitted separate for each level of competition.*

Athlete to Chaperone Ratio:

- ☐ Confirm that you are following the 3:1-4:1 ratio for your registration packet
 - If dividing between two registration plans, this ratio must be followed for each packet
- ☐ Special Needs forms for athletes requesting 1:1 chaperones filled out and sent in with registration packet.
- ☐ If requesting 1:1 Chaperones for any of your athletes, take those athletes and chaperones out of your numbers and confirm your ratio still fits for the remaining athletes and coaches/chaperones.

Uniforms:

- ☐ Verify that all athletes have legal uniforms
 - Refer to the individual sport rules and the Uniform Requirements located in the appendices of the Competition Guide

2016 STATE BOWLING TOURNAMENT REGISTRATION FORMS AND FEES CHECKLIST

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Important: Material will only be sent to individual listed below. Be sure the address is correct (**no P.O. box Numbers**) and the form complete.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone H: (_____) _____ Phone W: (_____) _____

Fax: (_____) _____ E-mail: _____

Head of Delegation (HOD) at the Games: _____

HOD cell phone contact number while at the Games: (_____) _____

**RETURN THIS FORM TO THE REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS
BY THE DEADLINE DATE!**

CHECKLIST OF ENCLOSURES:		DELEGATES:		TOTAL NUMBER
<input type="checkbox"/>	Chaperone Roster	Male Athletes (w/o wheelchairs)		
<input type="checkbox"/>	Registration Fees	Male Athletes w wheelchairs		SUBTOTAL
<input type="checkbox"/>	Bowling Athlete Roster	Male Coaches / Chaperones		
		Female Athletes (w/o wheelchairs)		
		Female Athletes w wheelchairs		SUBTOTAL
		Female Coaches / Chaperones		
		TOTAL M + F DELEGATES		

REGISTRATION FEES

Plan C: Day Of: competition \$ 8.00 x _____ Total Delegates = \$ _____

☐ In-House Account (Funds will be automatically transferred)

☐ Non In-House Accounts: Check # _____

☐ Included in Packet

☐ Will Send to SOWI

Date: _____

"I have checked this information and found it to be complete and accurate."

Agency Manager Signature Date

Regional Office Signature Date

COACH – CHAPERONE ROSTER

AGENCY # _____

Please list the coaches and chaperones who will be accompanying your group. You must adhere to an athlete/chaperone ratio that is between 3:1 and 4:1. Prior approval must be received from your Regional office for other athlete/coach ratios.

IMPORTANT

Chaperones must be 16 years of age or older. No un-named chaperones are allowed. All chaperones must be approved, active SOWI Class A volunteers by the entry deadline date.

Athletes-As-Coaches (AAC) are to be listed under CERTIFIED COACHES.. The AAC athletes-to-athlete ratio is one per team sport (excluding bocce, relay teams and bowling teams) and one per every 12 athletes in the individual sports (including bocce, relay teams and bowling teams). Please indicate any Athletes-As-Coaches by checking the box in the AAC column.

The roster must be typed or printed clearly.

CERTIFIED COACHES		M / F	W/C [X]	AAC [X]
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>

CHAPERONES		M / F	W/C [X]
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>
6.			<input type="checkbox"/>
7.			<input type="checkbox"/>
8.			<input type="checkbox"/>

"I verify that all coaches and chaperones in attendance are 16 years of age or older and are Class A approved. In addition, all Athletes-As-Coaches listed above meet the criteria for the AAC Program."

Agency Manager Signature _____

Date _____

2016 STATE BOWLING TOURNAMENTS

BOWLING ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell #: _____

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS
BY PUBLISHED DEADLINE DATE!**

Please Note:

1. Athletes must be listed in alphabetical order by last name.
2. Athletes can only participate in one event.

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	WHEELCHAIR [X]	EVENT CODE
1.			<input type="checkbox"/>	
2.			<input type="checkbox"/>	
3.			<input type="checkbox"/>	
4.			<input type="checkbox"/>	
5.			<input type="checkbox"/>	
6.			<input type="checkbox"/>	
7.			<input type="checkbox"/>	
8.			<input type="checkbox"/>	
9.			<input type="checkbox"/>	
10.			<input type="checkbox"/>	
11.			<input type="checkbox"/>	
12.			<input type="checkbox"/>	
13.			<input type="checkbox"/>	
14.			<input type="checkbox"/>	
15.			<input type="checkbox"/>	
16.			<input type="checkbox"/>	
17.			<input type="checkbox"/>	
18.			<input type="checkbox"/>	
19.			<input type="checkbox"/>	
20.			<input type="checkbox"/>	