

# **2017 FALL STATE COMPETITIONS – UNIFIED BOWLING**

## **EVENT DESCRIPTION**

### **OFFICIAL EVENTS OFFERED:**

#### **1. BOWLING**

<i>Event Code</i>	<i>Event Description</i>
BODBLE	Doubles (two person)
BOTEAM	Team Bowling (four person)

### **ELIGIBILITY FOR STATE UNIFIED 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, 2017** to remain valid through **date of the State Unified Bowling Tournament you are attending.**
2. A bowling scratch score is based on a 15-game average submitted to the Host 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.)

### **COST:FEES ARE CHARGED ONLY FOR ATHLETES ATTENDING**

Plan C: Day Of: \$8.00 per athlete

**LUNCH: Currently lunch is not provided at this event.**

## REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:

### NORTHERN TOURNAMENT

December 3, 2017 (Registration due: November 15)

Ashwaubenon Lanes- Green Bay

Willow Creek Lanes – Green Bay

Host: Region 5

Carla Lieb

[clieb@specialolympicswisconsin.org](mailto:clieb@specialolympicswisconsin.org)

920-497-2422

920-497-0126 *fax*

### SOUTHERN TOURNAMENT

December 2, 2017 (Registration due: November 15)

Bowl-A-Vard Lanes – Madison

Prairie Lanes – Sun Prairie

Host: Region 6

Kate Bergmann

[kbergmann@specialolympicswisconsin.org](mailto:kbergmann@specialolympicswisconsin.org)

608-442-5679

608-222-3578 *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

**(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
- ☐ 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

# 2017 FALL STATE COMPETITIONS REGISTRATION – UNIFIED

## BOWLING

### 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:** (\_\_\_\_\_) \_\_\_\_\_

Additional email address to send games information: \_\_\_\_\_

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

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

**REGISTRATION FEES**

Plan C: Day Of: competition \$ 8.00 x \_\_\_\_\_ Total Athletes = \$ \_\_\_\_\_

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

☐ Non In-House Accounts: Check # \_\_\_\_\_

☐ Included in Packet

☐ Will Send to SOWI

Date: \_\_\_\_\_

## State Registration - Bowling

AGENCY # \_\_\_\_\_

You do not have to list all the coaches and chaperones attending these games with your agency. But please remember:

- 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.
- Chaperones/coaches must be 16 years of age or older.
- All chaperones/coaches must be approved, active SOWI Class A volunteers by the entry deadline date.
- The Athletes-As-Coaches 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).

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

**“I have checked the above information and found it to be complete and accurate.”**

\_\_\_\_\_  
Agency Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Regional Office Signature

\_\_\_\_\_  
Date

# 2017 FALL STATE COMPETITIONS – UNIFIED BOWLING

## BOWLING ATHLETE ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Cell #: \_\_\_\_\_

**RETURN THIS FORM TO THE HOST 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	UNIFIED PARTNER [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"/>	