2018 FALL STATE COMPETITIONS - BOWLING EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. BOWLING

Event Code Event Description

BWLDEV Developmental Singles & Ramp (one person) (non-advancing, regional only)

BOSINR Ramp – Singles (one person)

BOSING Singles (one person)
BODBLE Doubles (two person)

BOTEAM Team Bowling (four person)

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**, **2018** to remain valid through **date of the State Bowling Tournament you are attending.**
- 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 at the regional level may not advance.

COST: FEES ARE CHARGED ONLY FOR <u>ATHLETES</u> 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:

NORTHWESTERN TOURNAMENT

November 11, 2018 (Registration due: October 29)

Weston Lanes - Weston

Regions 2 & 3

Host: Region 2

Jenna Jehlicka jjehlicka@specialolympicswisconsin.org

608-442-5682

608-222-3578 fax

NORTHEASTERN TOURNAMENT

November 18, 2018 (Registration due: October 29)

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 10, 2018 (Registration due: October 29)

Bowl-A-Vard Lanes - Madison

Prairie Lanes - Sun Prairie

Regions 6 & 7(western)

Host: Region 6

Erin Muehlenkamp

emuehlenkamp@specialolympicswisconsin.org

608-442-5679

608-222-3578 fax

SOUTHEASTERN TOURNAMENT

November 18, 2018 (Registration due: October 29)

Bowlero Lanes - Wauwatosa

Region 7(eastern) & 8

Host: Region 8

Jason Blank

jblank@specialolympicswisconsin.org

262-241-7786

262-241-5334 fax

2018 FALL STATE COMPETITIONS REGISTRATION - BOWLING FORMS AND FEES CHECKLIST

<u>Please Print Clearly:</u>		
Agency Number:Agency Name:		
Important: Material will only be sent to inc Numbers) and the form complete. Name:	dividual listed below. Be sure the address is	s correct (no P.O. box
Address:		
City:	State:	Zip:
	Phone W: ()	
	mail:	
HOD cell phone contact number while at	the Games: ()	
	ormation:	
CHECKLIST OF ENCLOSURES:	DELEGATES:	TOTAL NUMBER
Registration Fees	Male Athletes (w/o wheelchairs)	SUBTOTAL
Bowling Athlete Roster	Male Athletes w wheelchairs	
	Female Athletes (w/o wheelchairs)	SUBTOTAL
	Female Athletes w wheelchairs	
	TOTAL M + F DELEGA	ATES
REGISTRATION FEES		
Plan C: Day Of: competition	\$ 8.00 xTotal Athletes =	¢
rian c. Day of competition	V 0.00 XTOTAL Attribles =	Ψ
☐ In-House Account (Funds will be automa☐ Non In-House Accounts: Check # Date:		Will Send to SOWI

State Registration - Bowling

Regional Office Signature

AGENCY	#
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Date

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 a approved. All coaches are current on certification. In addition, all Athletes-As-Coach 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

2018 FALL STATE COMPETITIONS - BOWLING BOWLING ATHLETE ROSTER

<u>Please Print Clearly:</u>					
Agency Number:	_Agency Name:				
Head Coach:	Cell #:				
RETURN THIS FORM TO THE HOST OFFICE WITH STATE REGISTRATION MATERIALS BY PUBLISHED DEADLINE DATE!					
DI N-4					

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
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