

2021 FALL STATE COMPETITIONS - BOWLING

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. STATE BOWLING

<i>Event Code</i>	<i>Event Description</i>
BWLDEV	Developmental Singles & Ramp (one athlete)
BOSINR	Ramp - Single (one athlete)
BOSING	Singles (one athlete)
BODBLE	Doubles (two athletes)
BOTEAM	Team (four athletes)
BODBLEU	Unified Doubles (one athlete, one unified partner)
BOTEAMU	Unified Team (two athletes, two unified partners)

ELIGIBILITY FOR STATE BOWLING TOURNAMENT PARTICIPATION

1. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics Application on file in the Headquarters office by **October 1, 2021**. Athletes are not allowed to attend practice before the Special Olympics Wisconsin State Office has processed forms.
2. Unified Partners must have a valid Class A Volunteer Application on file with the State Office before attending practice.
3. Both athletes and unified partners must have a valid COVID-19 Participant Release Form and Communicable Disease Waiver on file in the State Office before attending practice.
4. Athletes must place first, second or third in the SOWI Bowling League to be eligible to advance to the State bowling tournaments.

COST: FEES ARE CHARGED ONLY FOR ATHLETES ATTENDING

Plan C: Day Of: \$10.00 per athlete

LUNCH: Currently lunch is not provided at this event.

REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:

NORTHERN STATE TOURNAMENT

December 5, 2021 (Registration due: November 17)

Weston Lanes – Weston

Regions 2, 3, 4, 5

Host: Region 2

Michaela Harrison

MHarrison@SpecialOlympicsWisconsin.org

715-204-9696

608-222-3578 *fax*

SOUTHERN STATE TOURNAMENT

December 5, 2021 (Registration due: November 17)

Bowlero Lanes - Wauwatosa

Regions 6, 7, 8

Host: Region 7

Hailey Fischer

HFischer@specialolympicswisconsin.org

262-518-2316

262-241-5334 *fax*

2021 FALL STATE COMPETITIONS REGISTRATION - BOWLING **FORMS AND FEES CHECKLIST**

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Important: Material will only be sent to individual listed below.

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 REGIONAL 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)		SUBTOTAL
<input type="checkbox"/>	Bowling Athlete Roster	Male Athletes w wheelchairs		
		Female Athletes (w/o wheelchairs)		SUBTOTAL
		Female Athletes w wheelchairs		
		TOTAL M + F DELEGATES		

REGISTRATION FEES

Plan C: Day Of: competition \$ 10.00 x _____ Total Athletes = \$ _____

Fees will be taken out of the agency in-house account, if one exists. Invoices will be sent to those that do not have an in-house account. All transactions will take place after the event 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 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

2021 FALL STATE COMPETITIONS - 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	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"/>	