

# **2016 STATE OUTDOOR SPORTS TOURNAMENT**

## **EVENT DESCRIPTION**

**OFFICIAL EVENTS OFFERED:** Athletes can only be entered in one sport.

**1. BOCCE**

<i>Event Code</i>	<i>Event Description</i>
BCTEAM	Team Competition

**3. SOFTBALL**

<i>Event Code</i>	<i>Event Description</i>
SBTEAM	Team Softball Competition

**2. GOLF**

<i>Event Code</i>	<i>Event Description</i>
GFASTM	Alternate Shot Team Play – Level 2
GFSING9	Individual Stroke Play (9 Hole) – Level 4

**4. TENNIS**

<i>Event Code</i>	<i>Event Description</i>
TNSING	Singles

### **ELIGIBILITY FOR OUTDOOR SPORTS TOURNAMENT PARTICIPATION**

1. Valid Official Special Olympics Release Form, Application For Participation in Special Olympics and current Class A Application for Unified Golf Partners on file in the Headquarters office postmarked by **June 1, 2016** to remain valid through **August 6, 2016**. Note: Even though golf alternate shot partners do not function in the same role as Unified Sports® partners, golf alternate shot partners must have a valid Class A Volunteer Application on file with the Headquarters office, postmarked by the OST medical deadline.
2. Teams must place first in their assigned district competition to automatically qualify for State tournament play. Note: a limited number of second and third place teams may advance to fill any spaces in the tournament field.
3. SOWI will issue a team State quota for each district tournament based on total 2017 participation statewide.
4. Golf district competition will receive quota by registration numbers for the State Outdoor Sports Tournament.
5. All athletes who have met the training requirements for Tennis are eligible to register for State Competition.

**LOCATION:**

Housing:	Carroll University
Housing Available:	Friday, August 5

**COMPETITION:**

Carroll University	Bocce, Tennis, and Softball
Moor Downs Golf Course	Golf
Saratoga Softball Complex	Softball

**COST:**

**Delegates are all athletes, coaches and chaperones.**

Plan A	Housing:	\$56.00 per delegate	Friday housing, competition, all meals
Plan C	Day Of:	\$ 8.00 per delegate	Competition & Saturday lunch

\*\*Any Agencies looking for Saturday night housing, please contact the State Office

**SPECIAL EVENTS:**

- Healthy Athletes

# 2016 STATE OUTDOOR SPORTS 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 (no P.O. Box Numbers) is correct 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 YOUR 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	<b>SUBTOTAL</b>
<input type="checkbox"/>	Softball Entry Form(s)	Male Coaches / Chaperones	
<input type="checkbox"/>	Bocce Form(s)	Female Athletes (w/o wheelchairs)	
<input type="checkbox"/>	Tennis Entry Form(s)	Female Athletes w/ wheelchairs	<b>SUBTOTAL</b>
<input type="checkbox"/>	Golf Entry Form(s)	Female Coaches / Chaperones	
		<b>TOTAL M + F DELEGATES</b>	

**REGISTRATION FEES** – Agency may register for more than one plan provided the 3:1 or 4:1 ratio is met within each plan. Each plan must be registered on separate forms with a separate HOD listed.

**Plan A:** Housing: Competition & all meals \$56.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

**Plan C:** No Housing: Competition & Sat. lunch \$8.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

Total=\$ \_\_\_\_\_

☐ In-House Account (Funds will be automatically transferred, including any incidental charges incurred by the Agency)

☐ Non In-House Accounts: Check # \_\_\_\_\_ ☐ Included in Packet ☐ Will Send to SOWI

\*\*\*If your delegation is providing its own housing at a hotel, please name: \_\_\_\_\_

### HOUSING & MEALS

HOUSING:		TOTAL NUMBER	MEALS:	TOTAL NUMBER
Friday Night	Males:		Friday Dinner	
	Females:		Saturday Breakfast	
			Saturday Lunch	

Shuttle service will be provided throughout the State Outdoor Sports Tournament.

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

Head Delegate 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 ration that is between 3:1 and 4:1. Prior approval must be received from you 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.

**\*PLEASE INDICATE CERTIFIED COACHES AND SELECT ONE SPORT THEY ARE CERTIFIED IN AND COACHING FOR THE STATE GAMES.**

The roster must be typed or printed clearly.

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

CHAPERONES		M / F	HOUSING [X]	W/C [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"/>

**“I verify that all of 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.”**

Head Delegate Signature

Date

## **2016 STATE OUTDOOR SPORTS TOURNAMENT**

### **SOFTBALL TEAM REGISTRATION FORM**

**Please Print Clearly:**

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

Head Coach: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

**Team Name:** | | | | | | | | | | | | | | |

Each team must have a unique name, up to **15 characters long**. The name must be used at all competitions.

	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST NAME)	M/F	HOUSING [X]	TOP 12 (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"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/>	<input type="checkbox"/>
12.			<input type="checkbox"/>	<input type="checkbox"/>
13.			<input type="checkbox"/>	<input type="checkbox"/>
14.			<input type="checkbox"/>	<input type="checkbox"/>
15.			<input type="checkbox"/>	<input type="checkbox"/>

**TEAM EVALUATION COMMENTS:**

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year.

[illegible]

# **2016 STATE OUTDOOR SPORTS TOURNAMENT**

## **TENNIS SINGLES ATHLETE ROSTER**

**Please Print Clearly:**

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

Head Coach: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Player Skill Ranking: Take from Special Olympics Tennis Rating Sheet in Rules Section of Competition Guide.

	<b>ATHLETE NAME</b> (LAST NAME, FIRST NAME)	<b>M/F</b>	<b>HOUSING</b> <b>[X]</b>	<b>EVENT CODE</b>	<b>*PLAYER SKILL RATING</b>
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"/>		

Athletes must be listed in alphabetical order by last name.

### **ATHLETE EVALUATION COMMENTS**

Briefly provide input on the ability of your athletes to help with divisioning:

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# 2016 STATE OUTDOOR SPORTS TOURNAMENT

## GOLF ATHLETE ROSTER

**Please Print Clearly:**

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

Head Coach: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

	ATHLETE NAME (LAST NAME, FIRST NAME)	UNIFIED PARTNER [X]	M/F	HOUSING [X]	EVENT CODE
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"/>	
9.		<input type="checkbox"/>		<input type="checkbox"/>	
10.		<input type="checkbox"/>		<input type="checkbox"/>	
11.		<input type="checkbox"/>		<input type="checkbox"/>	
12.		<input type="checkbox"/>		<input type="checkbox"/>	
13.		<input type="checkbox"/>		<input type="checkbox"/>	
14.		<input type="checkbox"/>		<input type="checkbox"/>	
15.		<input type="checkbox"/>		<input type="checkbox"/>	
16.		<input type="checkbox"/>		<input type="checkbox"/>	
17.		<input type="checkbox"/>		<input type="checkbox"/>	
18.		<input type="checkbox"/>		<input type="checkbox"/>	
19.		<input type="checkbox"/>		<input type="checkbox"/>	
20.		<input type="checkbox"/>		<input type="checkbox"/>	

Athletes must be listed in alphabetical order by last name.

Athletes can only participate in one level of competition.

UNIFIED PARTNER: UNIFIED PARTNERS MUST HAVE A CURRENT CLASS A VOLUNTEER APPLICATION FORM ON FILE WITH THE HEADQUARTERS OFFICE POSTMARKED BY THE JUNE 1<sup>ST</sup> MEDICAL DEADLINE DATE.

## **2016 STATE OUTDOOR SPORTS TOURNAMENT**

### **BOCCE TEAM REGISTRATION FORM**

**Please Print Clearly:**

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

Head Coach: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Team Name:** | | | | | | | | | | | | | | | | | | | | | |

Each team must have a unique name, up to **15 characters long**. The name must be used at all competitions.

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	WHEELCHAIR (X)	INDIVIDUAL BOSAT SCORE*
1.		<input type="checkbox"/>	
2.		<input type="checkbox"/>	
3.		<input type="checkbox"/>	
4.		<input type="checkbox"/>	
5.		<input type="checkbox"/>	
6.		<input type="checkbox"/>	

**BOSAT Team Average:** \_\_\_\_\_ (only top four scores†) \*\*\* **Rank:** \_\_\_\_\_ (your teams from your Agency)

The team shall consist of rosters of four, five or six athletes; however, only four can compete at one time. Substitution rules will regulate the use of the fifth or sixth players. **If your Agency is bringing multiple teams, rank your teams with one indicating the highest ability, two for the next highest ability and so forth.**

### TEAM EVALUATION COMMENTS

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year, etc.

[illegible]