

2014-2015 EVENT CODES

FALL SPORTS SEASON

BOWLING

BOSING	Singles (one person)
BODBLE	Doubles (two person)
BOSINR	Singles – Ramp (one person)
BOTEAM	Team Bowling (four person)

BWLDEV	Developmental Singles & Ramp (one person)
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VOLLEYBALL

VBTEAM	Team Competition
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WINTER SPORTS SEASON

ALPINE SKIING

ASINSL	Alpine Intermediate Slalom
ASINGS	Alpine Intermediate Giant Slalom
ASINSG	Alpine Intermediate Super G
ASSUGL	Alpine Super Glide

SNOWSHOE RACING

SN050M	50m Race
SN100M	100m Race
SN200M	200m Race
SN400M	400m Race
SN800M	800m Race
SN4X100M	4X100m Relay
SN4X200M	4X200m Relay
SN4X400M	4X400m Relay

CROSS COUNTRY SKIING

CC050M	50m Race Classical
CC100M	100m Race Classical
CC500MF	500m Race Freestyle
CC1KLMF	1km Race Freestyle
CC3KLMF	3km Race Freestyle
CC5KLMF	5km Race Freestyle
CC75KMF	7.5km Race Freestyle
CC4X5M	4X500m Relay

SNOWBOARDING

SBSUGL	Snowboard Super Glide
SBINSG	Snowboard Intermediate Super G
SBINSL	Snowboard Intermediate Slalom
SBINGS	Snowboard Intermediate Giant Slalom

INDOOR SPORTS SEASON

BASKETBALL

BBINSC1	Individual Skills level 1
BBINSC2	Individual Skills level 2
BBTEAM	Team Basketball

GYMNASTICS – RHYTHMIC

GYRROPA	Rope – Level A
GYRHOOA	Hoop – Level A
GYRRIBA	Ribbon – Level A
GYRBALLA	Ball – Level A
GYRALLA	All Around – Level A
GYRROPB	Rope – Level B
GYRHOOB	Hoop – Level B
GYRRIBB	Ribbon – Level B
GYRBALB	Ball – Level B
GYRBALLB	All Around – Level B
GYRROP1	Rhythmic Rope – Level 1
GYRCLB2	Rhythmic Club – Level 2
GYRROP3	Rhythmic Rope – Level 3
GYRHOO1	Rhythmic Hoop – Level 1
GYRHOO2	Rhythmic Hoop—Level 2
GYRCLB3	Rhythmic Club – Level 3
GYRBAL1	Rhythmic Ball – Level 1
GYRBAL2	Rhythmic Ball – Level 2
GYRBAL3	Rhythmic Ball – Level 3
GYRRIB1	Rhythmic Ribbon – Level 1
GYRRIB2	Rhythmic Ribbon – Level 2
GYRRIB3	Rhythmic Ribbon – Level 3
GYRALL1	Rhythmic All Around – Level 1
GYRALL2	Rhythmic All Around – Level 2
GYRALL3	Rhythmic All Around – Level 3

GYMNASTICS – ARTISTIC

GYAVAU	Vaulting – Level A
GYAWBM	Wide Beam – Level A
GYAFLX	Floor Exercise – Level A
GYMFLX1	Men's Floor Exercise – Level 1
GYMFLX2	Men's Floor Exercise – Level 2
GYMFLX3	Men's Floor Exercise – Level 3
GYMVAU1	Men's Vaulting – Level 1
GYMVAU2	Men's Vaulting – Level 2
GYMVAU3	Men's Vaulting – Level 3
GYMHBR1	Men's Horizontal Bar – Level 1
GYMHBR2	Men's Horizontal Bar – Level 2
GYWVAU1	Women's Vaulting – Level 1
GYWVAU2	Women's Vaulting – Level 2
GYWVAU3	Women's Vaulting – Level 3
GYWUNB1	Women's Uneven Bars – Level 1
GYWUNB2	Women's Uneven Bars – Level 2
GYWUNB3	Women's Uneven Bars – Level 3
GYWBBM1	Women's Balance Beam – Level 1
GYWBBM2	Women's Balance Beam – Level 2
GYWBBM3	Women's Balance Beam – Level 3
GYWFLX1	Women's Floor Exercise – Level 1
GYWFLX2	Women's Floor Exercise – Level 2
GYWFLX3	Women's Floor Exercise – Level 3
GYWALL1	Women's All Around – Level 1
GYWALL2	Women's All Around – Level 2
GYWALL3	Women's All Around – Level 3

SUMMER SPORTS SEASON

ATHLETICS

AT50MDEV	Assisted Run (Regional only, non-advancing)
AT050M	50m run
AT100M	100m Run
AT200M	200m Run
AT400M	400m Run
AT800M	800m Run
AT1500M	1500m Run
AT3000M	3000m Run
AT25MW	25m Walk
AT100W	100m Walk
AT200W	200m Walk
AT400W	400m Walk
AT800W	800m Walk
AT1500W	1500m Walk
ATHIJP	High Jump
ATLNJP	Long Jump
ATSTLJ	Standing Long Jump
ATSP2M	Shot Put-Male: 8-11 years of age
ATSP4M	Shot Put-Male: 12 years and older
ATSPIW	Shot Put-Female: 8-11 years of age
ATSP2W	Shot Put-Female: 12 years and older
ATSOBT	Softball Throw
ATJAVJR	Mini Javelin 8-15
ATJAVSR	Mini Javelin 16+
ATPENT	Pentathlon
AT4X100W	4x100m Walking Relay
AT4X100M	4 x 100m Relay
AT4X200M	4 x 200m Relay
AT4X400M	4 x 400m Relay
AT25WH	Wheelchair-25m
AT100WH	Wheelchair-100m
AT200WH	Wheelchair-200m
AT30WS	Wheelchair-30m Slalom
ATWHOB	Motor Wheelchair-25m Obstacle
AT30MS	Motor Wheelchair-30m Slalom
AT50MS	Motor Wheelchair-50m Slalom
AT4X25M	4 x 25 Wheelchair Shuttle Relay
ATWSP1M	Wheelchair Shot Put-Male
ATWSP1W	Wheelchair Shot Put-Female

POWERLIFTING

PLBHPR	Bench Press
PLDEAD	Deadlift
PLSQAT	Squat
PLCOMB2	Bench/Deadlift Combination Lift
PLCOMB3	Bench/Deadlift/Squat Combo Lift

SOCCER

FBTEAM	Five-A-Side Team Soccer
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AQUATICS

AQ25MDEV	Assisted Swim (District only, non-advancing)
AQ25MF	25m Freestyle
AQ50MF	50m Freestyle
AQ100MF	100m Freestyle
AQ200MF	200m Freestyle
AQ400MF	400m Freestyle
AQ25BS	25m Breaststroke
AQ50BS	50m Breaststroke
AQ100BS	100m Breaststroke
AQ25BK	25m Backstroke
AQ50BK	50m Backstroke
AQ100BK	100m Backstroke
AQ25BF	25m Butterfly
AQ50BF	50m Butterfly
AQ100BF	100m Butterfly
AQ100IM	100m Individual Medley
AQ4X25MF	4x25m Freestyle Relay
AQ4X50MF	4x50m Freestyle Relay
AQ4X1CMF	4x100m Freestyle Relay
AQ4X25MR	4x25m Medley Relay
AQ4X50MR	4x50m Medley Relay
AQ15WK	15m Walk (District only, if water depths permit)
AQ15US	15m Unassisted Swim (District only)

OUTDOOR SPORTS SEASON

BOCCE

BCTEAM	Team Competition
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GOLF

GFASTM	Alternate Shot Team Play – Level 2
GOUNIF	Unified® Sports Team Play (9 Hole) Level 3
GFSING9	Individual Stroke Play (9 Hole) – Level 4
GFSING18	Individual Stroke Play (18 Hole) – Level 5

SOFTBALL

SBTEAM	Team Softball Competition
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TENNIS

TNSING	Singles
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FLAG FOOTBALL SEASON

FLAG FOOTBALL

FFTEAM	FF Flag Football Team
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2014 STATE FALL SPORTS TOURNAMENT

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)

2. VOLLEYBALL

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

NOTE: Athletes can compete in only one of the events offered at the State Fall Sports Tournament. Volleyball players competing in the State competition cannot be bowling in doubles or team competition at the district level. Use of an absentee or vacancy score is not intended for this purpose.

ADDITIONAL “DAY PASS” COACHES – Please list any additional coaches who will be participating in the State Games, but are unable to travel as part of the delegation. Additional coaches must be Class A volunteers, and **MUST** have coached for the duration of the season. All names must be submitted at the time registration is due. Names cannot be added at a later date. Additional Coaches must check-in at Tournament Central before each game or event to check out a “Day Pass” which must be worn while coaching and then returned back to Tournament Central. Additional coaches will not affect the 4:1 ratio and will not be included in any meal plans.

ELIGIBILITY FOR STATE FALL SPORTS 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, 2014** to remain valid through **December 6, 2014**.
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 sectional tournament to be eligible to advance to the State bowling tournaments. Teams missing a player may not advance.
4. Volleyball 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.

HOUSING

In the past, Special Olympics Wisconsin (SOWI) reserved room blocks for Agencies attending the State Fall Sports Tournament. We have found that many times, these blocks are not used or rooms are booked and cancelled close to the event. This has made it difficult to book blocks of rooms as hotels lose money on cancellations. With these reasons, coupled with the fact that hotel deals are much more easily found on travel websites, SOWI has decided to cut down our reservations to one block for each Northern and Southern FST.

Southern FST (Release Date: Nov. 21st)

Wildwood Lodge: Rate \$91 night

N14 W24121 Tower Place

Pewaukee, WI 53072

262-506-2000

Milwaukee Visitors Bureau: (414) 273-3950

www.visitmilwaukee.org

Northern FST

Weston Inn & Suites: Rate \$84 night

5810 Schofield Ave

Weston, WI 54476

866-912-9955

Wausau Visitors Bureau: (715) 355-8788

www.visitwausau.com

LOCATION:

Venue Sites: (Southern)

AMF Bowlero Lanes, Wauwatosa

Center Court Sports Complex, Waukesha

(Northern)

Weston Lanes, Weston, WI

COST: DELEGATES ARE THE ATHLETES, COACHES AND CHAPERONES

Plan C: Day Of: \$8.00 per delegate

2014 STATE FALL 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 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: (_____) _____

Tournament attending: ☐ **Northern** (Eau Claire & Green Bay sectional participants)

☐ **Southern** (Madison & Milwaukee sectional participants)

**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)		SUBTOTAL
<input type="checkbox"/>	Registration Fees	Male Athletes w wheelchairs		
<input type="checkbox"/>	Bowling Athlete Roster	Male Coaches / Chaperones		
<input type="checkbox"/>	Volleyball Team Registration Form(s)	Female Athletes (w/o wheelchairs)		SUBTOTAL
		Female Athletes w wheelchairs		
		Female Coaches / Chaperones		
		TOTAL M + F DELEGATES		

REGISTRATION FEES

Plan C: Day Of: competition & Saturday lunch \$ 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: _____

***If your delegation is staying at a hotel during the Games, please name the hotel:

MEALS

MEALS:	TOTAL NUMBER
Saturday Lunch	

"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 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.

***PLEASE INDICATE CERTIFIED COACHES AND SELECT ONE SPORT THEY ARE CERTIFIED IN.**

The roster must be typed or printed clearly.

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

"DAY PASS" COACHES <small>**PLEASE SEE EVENT DESCRIPTION FOR SPECIFICS**</small>		M / F	W/C [X]
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<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."

Head Delegate Signature

Date

2014 STATE FALL SPORTS TOURNAMENT **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"/>	

8E STATE COMPETITION FORMS & INFORMATION

2015 STATE WINTER GAMES

EVENT DESCRIPTION

Athletes can be entered in only one of the four sports offered at the State Winter Games.

OFFICIAL EVENTS OFFERED

1. ALPINE SKIING (three-event limit)

<i>Event Code</i>	<i>Event Description</i>
ASSUGL	Alpine Super Glide**
ASINSG	Alpine Intermediate Super G
ASINSL	Alpine Intermediate Slalom
ASINGS	Alpine Intermediate Giant Slalom

3. SNOWBOARDING (three-event limit)

<i>Event Code</i>	<i>Event Description</i>
SBSUGL	Snowboard Super Glide**
SBINSG	Snowboard Intermediate Super G
SBINSL	Snowboard Intermediate Slalom
SBINGS	Snowboard Intermediate Giant Slalom

2. CROSS COUNTRY SKIING (three-event limit)

<i>Event Code</i>	<i>Event Description</i>
CC050M	50m Race Classical
CC100M	100m Race Classical
CC500MF	500m Race Freestyle
CC1KLMF	1km Race Freestyle
CC3KLMF	3km Race Freestyle
CC5KLMF	5km Race Freestyle
CC75KMF	7.5km Race Freestyle
CC4X5M	4X500m Relay

4. SNOWSHOE RACING (three-event limit)

<i>Event Code</i>	<i>Event Description</i>
SN050M	50m Race
SN100M	100m Race
SN200M	200m Race
SN400M	400m Race
SN800M	800m Race
SN4X100M	4X100m Relay
SN4X200M	4X200m Relay
SN4X400M	4X400m Relay

**May not compete in super Giant Slalom, Slalom or Super G

ADDITIONAL "DAY PASS" COACHES – Please list any additional coaches who will be participating in the State Games, but are unable to travel as part of the delegation. Additional coaches must be Class A volunteers, and MUST have coached for the duration of the season. All names must be submitted at the time registration is due. Names cannot be added at a later date. Additional Coaches must check-in at Tournament Central before each game or event to check out a "Day Pass" which must be worn while coaching and then returned back to Tournament Central. Additional coaches will not affect the 4:1 ratio and will not be included in any meal plans.

ELIGIBILITY FOR WINTER SPORTS SEASON PARTICIPATION

- Valid Official Special Olympics Release Form and Application For Participation in Special Olympics on file in the Headquarters office postmarked by **December 1, 2014** to remain valid through **January 25, 2015**.
- Athlete must have participated in at least eight weeks of official Special Olympics training prior to State competition.
- If a cross country skiing athlete competes in the 50m and/or 100m race, s/he may not be in any other races.

HOUSING:

A room block has been set up at the Plaza Hotel in Wausau. Agencies wishing to reserve housing for their delegation should indicate the number of rooms needed on the registration form. SOWI will be responsible for booking those rooms, and they will be added to the SOWI direct bill at a rate of \$99 per room, not including taxes or incidentals. Agencies have the option to book their own rooms, however, the discounted rate will not apply and these rooms cannot be direct billed to SOWI. A cancellation fee of \$40.00 will apply to all rooms.

COMPETITION SITES:

Granite Peak at Rib Mountain State Park:
Nine Mile Forest:

Downhill Skiing and Snowboarding
Cross Country Skiing and Snowshoe Racing

MEALS:

Saturday & Sunday, January 24 & 25

Saturday Lunch and Dinner; Sunday Breakfast

COST: DELEGATES ARE THE ATHLETES, COACHES AND CHAPERONES

Plan B	Competition & Meals	\$28.00 per delegate
Plan C	Competition & Saturday Lunch	\$ 8.00 per delegate
	Sunday Lunch	\$ 8.00 per delegate

SPECIAL EVENTS:

- Saturday Ceremony and Dance

2015 STATE WINTER GAMES 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 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		SUBTOTAL
<input type="checkbox"/>	Cross Country Athlete Roster	Male Coaches / Chaperones		
<input type="checkbox"/>	Cross Country Relay Form	Female Athletes w/o wheelchairs		
<input type="checkbox"/>	Alpine Skiing Athlete Roster	Female Athletes w/ wheelchairs		SUBTOTAL
<input type="checkbox"/>	Snowshoe Athlete Roster	Female Coaches / Chaperones		
<input type="checkbox"/>	Snowshoe Relay Form	TOTAL M + F DELEGATES		

REGISTRATION FEES – Entire Agency MUST register for one plan. No exceptions!

Plan B: competition & meals (does not include rooms) \$ 28.00 x _____ Total Delegates = \$ _____

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

Sunday lunch (not included w/registration) \$ 8.00 x _____ Total Delegates = \$ _____

Hotel Rooms \$ 99.00 x _____ Total Rooms = \$ _____

Total \$ _____

Date: _____

☐ 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

MEALS

MEALS:		TOTAL NUMBER
	Saturday Lunch	
	Saturday Dinner	
	Sunday Breakfast	
	Sunday Lunch (separate fee)	

"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 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.

***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	SPORT CERTIFICATION Circle ONE	W/C [X]	AAC [X]
1.			ALP / SB / SS / XC	<input type="checkbox"/>	<input type="checkbox"/>
2.			ALP / SB / SS / XC	<input type="checkbox"/>	<input type="checkbox"/>
3.			ALP / SB / SS / XC	<input type="checkbox"/>	<input type="checkbox"/>
4.			ALP / SB / SS / XC	<input type="checkbox"/>	<input type="checkbox"/>
5.			ALP / SB / SS / XC	<input type="checkbox"/>	<input type="checkbox"/>
6.			ALP / SB / SS / XC	<input type="checkbox"/>	<input type="checkbox"/>
7.			ALP / SB / SS / XC	<input type="checkbox"/>	<input type="checkbox"/>
8.			ALP / SB / SS / XC	<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"/>

"DAY PASS" COACHES <small>**PLEASE SEE EVENT DESCRIPTION FOR SPECIFICS**</small>		M / F	W/C [X]
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<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 _____

2015 STATE WINTER GAMES

ALPINE SKIING AND SNOWBOARDING ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell # at the Games: _____

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

List in Alphabetical Order

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	EVENT CODES		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Athletes can be entered in a maximum of three events.

Athletes competing in the alpine and snowboarding downhill must wear a crash helmet for official training and racing as per International Ski Federation Rules.

Athletes competing in the alpine skiing super glide event cannot register to compete in any other event.

2015 STATE WINTER GAMES **CROSS COUNTRY ATHLETE ROSTER**

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell # at the Games: _____

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

List in Alphabetical Order

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	EVENT CODES		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Athletes can be entered in a maximum of three events – two individual events and one relay.

Athletes in the 50m and 100m are participating in developmental cross country ski racing; they cannot be entered in the other races.

Athletes in relays must also be listed on the cross country relay team form.

2015 STATE WINTER GAMES **SNOWSHOE RACING ATHLETE ROSTER**

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell # at the Games: _____

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

List in Alphabetical Order

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	EVENT CODES		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Athletes can be entered in a maximum of three events – two individual events and one relay or one individual event and two relays.

Athletes in relays must also be listed on the snowshoe relay team form.

2015 STATE WINTER GAMES

RELAY TEAM ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

Event Code: _____

List in Alphabetical Order

ATHLETE NAME (LAST NAME, FIRST NAME)	
1.	
2.	
3.	
4.	
5.	
6.	

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

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

Event Code: _____

List in Alphabetical Order

ATHLETE NAME (LAST NAME, FIRST NAME)	
1.	
2.	
3.	
4.	
5.	
6.	

Each relay can have up to six athletes entered per relay team. Only these (maximum) six names may appear on the entry form for the State Winter Games.

This information must also appear as one of the athlete's three events listed on the 2015 State Winter Games athlete rosters for cross country or snowshoe racing.

2015 STATE INDOOR SPORTS TOURNAMENT

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. BASKETBALL

<i>Event Code</i>	<i>Event Description</i>
BBINSC1	Individual Skills level 1
BBINSC2	Individual Skills level 2
BBTEAM	Team Basketball

2. GYMNASTICS – STATE LEVEL ONLY

A. GYMNASTICS – ARTISTIC

<i>Event Code</i>	<i>Event Description</i>
GYAVAU	Vaulting – Level A
GYAWBM	Wide Beam – Level A
GYAFLX	Floor Exercise – Level A
GYMFLX1	Men's Floor Exercise – Level 1
GYMFLX2	Men's Floor Exercise – Level 2
GYMFLX3	Men's Floor Exercise – Level 3
GYMVAU1	Men's Vaulting – Level 1
GYMVAU2	Men's Vaulting – Level 2
GYMVAU3	Men's Vaulting – Level 3
GYMHBR1	Men's Horizontal Bar – Level 1
GYMHBR2	Men's Horizontal Bar – Level 2
GYWVAU1	Women's Vaulting – Level 1
GYWVAU2	Women's Vaulting – Level 2
GYWVAU3	Women's Vaulting – Level 3
GYWUNB1	Women's Uneven Bars – Level 1
GYWUNB2	Women's Uneven Bars – Level 2
GYWUNB3	Women's Uneven Bars – Level 3
GYWBBM1	Women's Balance Beam – Level 1
GYWBBM2	Women's Balance Beam – Level 2
GYWBBM3	Women's Balance Beam – Level 3
GYWFLX1	Women's Floor Exercise – Level 1
GYWFLX2	Women's Floor Exercise – Level 2
GYWFLX3	Women's Floor Exercise – Level 3
GYWALL1	Women's All Around – Level 1
GYWALL2	Women's All Around – Level 2
GYWALL3	Women's All Around – Level 3

B. GYMNASTICS – RHYTHMIC

<i>Event Code</i>	<i>Event Description</i>
GYRROPA	Rope – Level A
GYRHOOA	Hoop – Level A
GYRRIBA	Ribbon – Level A
GYRBALLA	Ball – Level A
GYRALLA	All Around – Level A
GYRROPB	Rope – Level B
GYRHOOB	Hoop – Level B
GYRRIBB	Ribbon – Level B
GYRBALB	Ball – Level B
GYRBALLB	All Around – Level B
GYRROP1	Rhythmic Rope – Level 1
GYRCLB2	Rhythmic Club – Level 2
GYRROP3	Rhythmic Rope – Level 3
GYRHOO1	Rhythmic Hoop – Level 1
GYRHOO2	Rhythmic Hoop – Level 2
GYRCLB3	Rhythmic Club – Level 3
GYRBAL1	Rhythmic Ball – Level 1
GYRBAL2	Rhythmic Ball – Level 2
GYRBAL3	Rhythmic Ball – Level 3
GYRRIB1	Rhythmic Ribbon – Level 1
GYRRIB2	Rhythmic Ribbon – Level 2
GYRRIB3	Rhythmic Ribbon – Level 3
GYRALL1	Rhythmic All Around – Level 1
GYRALL2	Rhythmic All Around – Level 2
GYRALL3	Rhythmic All Around – Level 3

ADDITIONAL “DAY PASS” COACHES – Please list any additional coaches who will be participating in the State Games, but are unable to travel as part of the delegation. Additional coaches must be Class A volunteers, and **MUST** have coached for the duration of the season. All names must be submitted at the time registration is due. Names cannot be added at a later date. Additional Coaches must check-in at Tournament Central before each game or event to check out a “Day Pass” which must be worn while coaching and then returned back to Tournament Central. Additional coaches will not affect the 4:1 ratio and will not be included in any meal plans.

ELIGIBILITY FOR INDOOR SPORTS TOURNAMENT PARTICIPATION

1. Valid Official Special Olympics Release Form Application for Participation in Special Olympics on file in the Headquarters office postmarked by **February 1, 2015** to remain valid through **April 12, 2015**.
2. Athletes must participate in eight weeks of official Special Olympics training prior to competition.
3. SOWI will issue a quota to each Agency for State basketball skills participation based on the current year of Region involvement. Gymnastics is a straight to state competition; athletes may register with no qualifying event participation necessary. Each Region will, in turn, give a quota of participants to each Agency. Refer to the General Information section of your Competition Guide for information on advancement.
4. Teams must place first in their assigned sectional competitions 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.

HOUSING:

Housing	Gruenhagen Conference Center, UW – Oshkosh
Housing Available	Friday, April 10 and Saturday, April 11, 2015

COMPETITION:

UW – Oshkosh Kolf Fieldhouse and Albee Hall	Team Basketball
UW – Oshkosh Albee Hall	Basketball Skills
UW – Oshkosh Kolf Fieldhouse (Lower Level)	Gymnastics

MEALS:

Friday, April 10	Dinner
Saturday, April 11	Breakfast, Lunch and Dinner
Sunday, April 12	Breakfast
	Lunch (Separate Cost)

COST:

Delegates are the athletes, coaches and chaperones

Plan A:	Housing	\$52.00 per delegate-Housing, All Meals, Competition
Plan B:	No Housing	\$28.00 per delegate-All Meals and Competition
Plan C:	Day Of - Saturday	\$8.00 per delegate-Lunch and Competition
Additional Sunday Lunch		\$8.00 per delegate – Sunday Lunch

* Agencies within 30 miles of Oshkosh must choose Plan B or C

SPECIAL EVENTS:

- | | |
|--------------------|---------------------|
| ▪ Opening Ceremony | ▪ Healthy Athletes® |
| ▪ Dance | |

2014 STATE INDOOR 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 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 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		SUBTOTAL
<input type="checkbox"/>	Team Entry Form(s)	Male Coaches / Chaperones		
<input type="checkbox"/>	Basketball Skills Form(s)	Female Athletes (w/o wheelchairs)		
<input type="checkbox"/>	Gymnastics Form(s)	Female Athletes w/ wheelchairs		SUBTOTAL
		Female Coaches / Chaperones		
TOTAL M + F DELEGATES				

REGISTRATION FEES – Entire Agency ***MUST*** register for one plan. No exceptions!

Plan A: Housing: competition & all meals (except Sun. lunch) \$52.00 x _____ Total Delegates = \$ _____

Plan B: No housing: competition & all meals(except Sun. lunch) \$28.00 x _____ Total Delegates = \$ _____

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

Additional Sunday 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

* Agencies within 30 miles of Oshkosh must choose Plan B or C Date _____

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

HOUSING AND MEALS

HOUSING:	TOTAL NUMBER		MEALS:	TOTAL NUMBER
Friday Night	Males:		Friday Dinner	
	Females:		Saturday Breakfast	
Saturday Night	Males:		Saturday Lunch	
	Females:		Saturday Dinner	
			Sunday Breakfast	
			Sunday Lunch – Separate Fee	

"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	SPORT CERTIFICATION Circle ONE	W/C [X]	AAC [X]
1.			TBB / BBS AGYM / RGYM	<input type="checkbox"/>	<input type="checkbox"/>
2.			TBB / BBS AGYM / RGYM	<input type="checkbox"/>	<input type="checkbox"/>
3.			TBB / BBS AGYM / RGYM	<input type="checkbox"/>	<input type="checkbox"/>
4.			TBB / BBS AGYM / RGYM	<input type="checkbox"/>	<input type="checkbox"/>
5.			TBB / BBS AGYM / RGYM	<input type="checkbox"/>	<input type="checkbox"/>
6.			TBB / BBS AGYM / RGYM	<input type="checkbox"/>	<input type="checkbox"/>
7.			TBB / BBS AGYM / RGYM	<input type="checkbox"/>	<input type="checkbox"/>
8.			TBB / BBS AGYM / RGYM	<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"/>		

"DAY PASS" COACHES <small>**PLEASE SEE EVENT DESCRIPTION FOR SPECIFICS**</small>		M / F	W/C [X]
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<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 _____

2015 STATE INDOOR SPORTS TOURNAMENT

TEAM BASKETBALL REGISTRATION FORM

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell #: _____

**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**. This name will be used at all competitions.

List in Alphabetical Order

List in Alphabetical Order:				
	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	AGE	HEIGHT
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

TEAM EVALUATION COMMENTS:

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

[illegible]

2015 STATE INDOOR SPORTS TOURNAMENT

BASKETBALL SKILLS ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell #: _____

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

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F	W/C [X]	EVENT CODE	BB HOOP HEIGHT*	BB SIZE MEN/WOMEN*
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						

List athletes in alphabetical order by last name.

2015 STATE INDOOR SPORTS TOURNAMENT GYMNASTICS 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)	M/F	W/C [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"/>			

*****You must list every event code for each athlete*****

(OVER)

2015 STATE GYMNASTICS ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	W/C [X]	EVENT CODE		
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"/>			

*****You must list every event code for each athlete*****

Athletes must be listed in alphabetical order by last name.

Athletes can only participate in one of the three event categories.

2015 STATE SUMMER GAMES

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED: Athletes can only be entered in one sport at the Summer Games.

1. AQUATICS

<i>Event Code</i>	<i>Event Description</i>
AQ25MDEV	Assisted Swim
AQ25MF	25m Freestyle
AQ50MF	50m Freestyle
AQ100MF	100m Freestyle
AQ200MF	200m Freestyle
AQ400MF	400m Freestyle
AQ25BS	25m Breaststroke
AQ50BS	50m Breaststroke
AQ100BS	100m Breaststroke
AQ25BK	25m Backstroke
AQ50BK	50m Backstroke
AQ100BK	100m Backstroke
AQ25BF	25m Butterfly
AQ50BF	50m Butterfly
AQ100BF	100m Butterfly
AQ100IM	100m Individual Medley
AQ4X25MF	4x25m Freestyle Relay
AQ4X50MF	4x50m Freestyle Relay
AQ4X1CMF	4x100m Freestyle Relay
AQ4X25MR	4x25m Medley Relay
AQ4X50MR	4x50m Medley Relay
AQ15WK	15m Walk (District only, if depths permit)
AQ15US	15m Unassisted Swim (District only)

2. POWERLIFTING

<i>Event Code</i>	<i>Event Description</i>
PLBHPR	Bench Press
PLDEAD	Deadlift
PLSQAT	Squat
PLCOMB2	Bench/Deadlift Combination Lift
PLCOMB3	Bench/Deadlift/Squat Combo Lift

*Athletes can enter only one combination lift category in addition to a maximum of three individual lifts.

3. SOCCER

<i>Event Code</i>	<i>Event Description</i>
FBTEAM	Five-A-Side Team Soccer

4. ATHLETICS

<i>Event Code</i>	<i>Event Description</i>
AT50MDEV	Assisted Run (Regional only, non-advancing)
AT050M	50m run
AT100M	100m Run
AT200M	200m Run
AT400M	400m Run
AT800M	800m Run
AT1500M	1500m Run
AT3000M	3000m Run
AT25MW	25m Walk
AT100W	100m Walk
AT200W	200m Walk
AT400W	400m Walk
AT800W	800m Walk
AT1500W	1500m Walk
ATLNJP	Long Jump
ATSTLJ	Standing Long Jump
ATSP2M	Shot Put-Male: 8-11
ATSP4M	Shot Put-Male: 12+
ATSPIW	Shot Put-Female: 8-11
ATSP2W	Shot Put-Female: 12+
ATSOBT	Softball Throw
ATJAVJR	Mini Javelin 8-15
ATJAVSR	Mini Javelin 16+
AT4X100W	4x100m Walking Relay
AT4X100M	4 x 100m Relay
AT4X200M	4 x 200m Relay
AT4X400M	4 x 400m Relay
AT25WH	Wheelchair-25m
AT100WH	Wheelchair-100m
AT200WH	Wheelchair-200m
AT30WS	Wheelchair-30m Slalom
AT50MS	Motor Wheelchair-50m Slalom
AT30MS	Motor Wheelchair-30m Slalom
ATWHOB	Motor Wheelchair-25m Obstacle
AT4X25M	4 x 25 Wheelchair Shuttle Relay
ATWSP1M	Wheelchair Shot Put-Male
ATWSP1W	Wheelchair Shot Put-Female

ADDITIONAL "DAY PASS" COACHES – Please list any additional coaches who will be participating in the State Games, but are unable to travel as part of the delegation. Additional coaches must be Class A volunteers, and MUST have coached for the duration of the season. All names must be submitted at the time registration is due. Names cannot be added at a later date. Additional Coaches must check-in at Tournament Central before each game or event to check out a "Day Pass" which must

be worn while coaching and then returned back to Tournament Central. Additional coaches will not affect the 4:1 ratio and will not be included in any meal plans.

ELIGIBILITY FOR SUMMER SPORTS SEASON PARTICIPATION

1. Valid Official Special Olympics Release Form and Application For Participation in Special Olympics on file in the Headquarters office postmarked by **April 1, 2015** to remain valid through **June 6, 2015**.
2. An athlete in athletics may participate in a maximum of three events (three individual, two individual and one relay, or one individual and two relays). An athlete in aquatics may compete in a maximum of two individual events and two relay event. Athletes registered for two relays may only be entered once in each relay event.
3. Pentathlon athletes may not enter any additional individual event but may compete in any one relay.
4. Wheelchair athletes may enter a maximum of three athletic events. Motorized wheelchair athletes may not enter non-motorized events and vice versa. Bicycles, scooters, tricycles or any gear/pedal-powered vehicles are not legal in any wheelchair competition.
5. Soccer 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.
6. SOWI will issue to each Agency a quota for State Summer Games athletics, aquatics participation separately, based on the current year of Regional involvement. Refer to the General Information section of the Competition Guide for more information on advancement. Soccer teams (eligible by district finish) and powerlifters will not count as part of agencies' Summer Games quotas.

HOUSING:

Housing Available:

UW – Stevens Point Residence Halls

Thursday, June 4 and Friday, June 5, 2015

LOCATION:

UW-Stevens Point Campus

MEALS:

Thursday, June 5:

Dinner

Friday, June 6:

Breakfast, Lunch and Dinner

Saturday, June 7:

Breakfast

Lunch – Separate fee

COST:

Delegates are all athletes, coaches and chaperones.

Plan A

Housing:

\$52.00 per delegate

Housing, competition, all meals except Sat. lunch

Plan B

No housing:

\$28.00 per delegate

Competition & all meals except Sat. lunch

Plan C

Day Of:

\$ 8.00 per delegate

Competition & Friday lunch

Lunch: Saturday

\$ 8.00 per delegate

*

Agencies located within 30 miles of Stevens Point must choose Plan B or C.

SPECIAL EVENTS:

- Opening Ceremony, Closing Ceremony/Dance
- Victory Village
- Healthy Athletes
- Young Athletes™

2015 STATE SUMMER GAMES 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 YOUR AREA OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!

CHECKLIST OF ENCLOSURES:		DELEGATES:		TOTAL NUMBER
<input type="checkbox"/>	Chaperone Roster	Male Athletes (w/o wheelchairs)		SUBTOTAL
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs		
<input type="checkbox"/>	Soccer Team Entry Forms	Male Coaches / Chaperones		
<input type="checkbox"/>	Relay Entry Forms	Female Athletes (w/o wheelchairs)		SUBTOTAL
<input type="checkbox"/>	Aquatics Roster	Female Athletes w/ wheelchairs		
<input type="checkbox"/>	Athletics Roster	Female Coaches / Chaperones		
<input type="checkbox"/>	Powerlifting Roster	TOTAL M + F DELEGATES		

REGISTRATION FEES – Entire Agency MUST register for one plan. No exceptions!

Plan A: Housing: Competition & all meals (except Sat. lunch) \$ 52.00 x _____ Total Delegates = \$ _____

Plan B: No Housing: Competition & all meals (except Sat. lunch) \$ 28.00 x _____ Total Delegates = \$ _____

Plan C: Day Of: Competition & Friday lunch \$ 8.00 x _____ Total Delegates = \$ _____

Saturday lunch (not included w/registration) \$ 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

* Agencies within 30 miles of Stevens Point must choose Plan B or C Date _____

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

HOUSING AND MEALS

HOUSING:	TOTAL NUMBER		MEALS:	TOTAL NUMBER
Thursday Night	Males:		Thursday Dinner	
	Females:		Friday Breakfast	
Friday Night	Males:		Friday Lunch	
	Females:		Friday Dinner	
			Saturday Breakfast	
			Saturday Lunch – Separate Fee	

"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	SPORT CERTIFICATION	W/C [X]	AAC [X]
1.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
2.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
3.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
4.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
5.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
6.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
7.			AT / AQ / PL / S	<input type="checkbox"/>	<input type="checkbox"/>
8.			AT / AQ / PL / S	<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"/>

"DAY PASS" COACHES <small>**PLEASE SEE EVENT DESCRIPTION FOR SPECIFICS**</small>		M / F	W/C [X]
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<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

2015 STATE SUMMER GAMES **AQUATICS 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)	M/F	WCH [X]	IN WATER START √	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"/>				

Athletes must be listed in alphabetical order by last name.

Athletes can only participate in a maximum of two individual events and two relays.

2015 STATE SUMMER GAMES

AQUATICS RELAY TEAM ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

Event Code: _____

List in Alphabetical Order

ATHLETE NAME (Last Name, First Name)	
1.	
2.	
3.	
4.	
5.	
6.	

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

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

Event Code: _____

List in Alphabetical Order

ATHLETE NAME (Last Name, First Name)	
1.	
2.	
3.	
4.	
5.	
6.	

Each relay can have up to six athletes entered per relay team. Any four of the six can swim at Summer Games. Only those (maximum) six names may appear on the entry form for the district aquatics meet. An athlete can be entered in a maximum of two different relays and cannot switch teams or relay events for any reason at district or State.

2015 STATE SUMMER GAMES ATHLETICS 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)	M/F	WCH [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"/>			

Categories are listed in the Competition Guide.

Athletes in relays must also be entered on the relay team forms.

2015 STATE SUMMER GAMES **ATHLETICS RELAY TEAM ROSTER**

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Team Name: |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_|

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

Event Code: _____

List Alphabetically

ATHLETE NAME (LAST NAME, FIRST NAME)	
1.	
2.	
3.	
4.	
5.	
6.	

Team Name: |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_|

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

Event Code: _____

List Alphabetically

ATHLETE NAME (LAST NAME, FIRST NAME)	
1.	
2.	
3.	
4.	
5.	
6.	

Each relay can have up to six athletes entered per relay team. Any four of the six can run at the summer games. An athlete may not switch teams or relay events for any reason at district or State.

2015 STATE SUMMER GAMES **POWERLIFTING ATHLETE ROSTER**

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Email: _____

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F	EVENT 1	EVENT 2	EVENT 3	COMBO
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

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

*****You must list every event code for each athlete.*****

2015 STATE SUMMER GAMES

FOOTBALL (SOCCER) 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**. This name will be used at all competitions.

	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST NAME)	M/F	AGE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

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]

2015 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
GOUNIF	Unified® Sports Team Play (9 Hole) Level 3
GFSING9	Individual Stroke Play (9 Hole) – Level 4
GFSING18	Individual Stroke Play (18 Hole) – Level 5

4. TENNIS

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

ADDITIONAL “DAY PASS” COACHES – Please list any additional coaches who will be participating in the State Games, but are unable to travel as part of the delegation. Additional coaches must be Class A volunteers, and **MUST** have coached for the duration of the season. All names must be submitted at the time registration is due. Names cannot be added at a later date. Additional Coaches must check-in at Tournament Central before each game or event to check out a “Day Pass” which must be worn while coaching and then returned back to Tournament Central. Additional coaches will not affect the 4:1 ratio and will not be included in any meal plans.

ELIGIBILITY FOR OUTDOOR SPORTS TOURNAMENT PARTICIPATION

- Valid Official Special Olympics Release Form, Application For Participation in Special Olympics and Unified Sports® Partner Application on file in the Headquarters office postmarked by **June 1, 2015** to remain valid through **August 9, 2015**. 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 Unified Sports® Partner Application for Participation Form on file with the Headquarters office, postmarked by the OST medical deadline.
- 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.
- SOWI will issue a team State quota for each district tournament based on total 2015 participation statewide.
- Golf district competition will receive quota by registration numbers for the State Outdoor Sports Tournament.
- 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 7 and Saturday, August 8

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:	\$52.00 per delegate	Housing, competition, all meals except Sun. lunch
Plan B	No housing:	\$28.00 per delegate	Competition & all meals except Sun. lunch
Plan C	Day Of:	\$ 8.00 per delegate	Competition & Saturday lunch
	Lunch: Saturday	\$ 8.00 per delegate	

* Agencies located within 30 miles of Waukesha must choose Plan B or C.

SPECIAL EVENTS:

- Ceremony
- Dance
- Healthy Athletes

2015 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	SUBTOTAL
<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	SUBTOTAL
<input type="checkbox"/>	Golf Entry Form(s)	Female Coaches / Chaperones	
		TOTAL M + F DELEGATES	

REGISTRATION FEES – Entire Agency MUST register for one plan. No exceptions!

Plan A: Housing: Competition & all meals (except Sun. lunch) \$52.00 x _____ Total Delegates = \$ _____

Plan B: No Housing: Competition & all meals (except Sun. lunch) \$28.00 x _____ Total Delegates = \$ _____

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

Sunday lunch (not included w/registration) \$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

* Agencies within 30 miles of Waukesha must choose Plan B or C Date _____

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

HOUSING & MEALS

HOUSING:		TOTAL NUMBER	MEALS:	TOTAL NUMBER
			Friday Dinner	
Friday Night	Males:		Saturday Breakfast	
	Females:		Saturday Lunch	
			Saturday Dinner	
Saturday Night	Males:		Sunday Breakfast	
	Females:		Sunday Lunch (added cost)	

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	SPORT CERTIFICATION	W/C [X]	AAC [X]
1.			SB / GLF / BCE / TNS	<input type="checkbox"/>	<input type="checkbox"/>
2.			SB / GLF / BCE / TNS	<input type="checkbox"/>	<input type="checkbox"/>
3.			SB / GLF / BCE / TNS	<input type="checkbox"/>	<input type="checkbox"/>
4.			SB / GLF / BCE / TNS	<input type="checkbox"/>	<input type="checkbox"/>
5.			SB / GLF / BCE / TNS	<input type="checkbox"/>	<input type="checkbox"/>
6.			SB / GLF / BCE / TNS	<input type="checkbox"/>	<input type="checkbox"/>
7.			SB / GLF / BCE / TNS	<input type="checkbox"/>	<input type="checkbox"/>
8.			SB / GLF / BCE / TNS	<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"/>

"DAY PASS" COACHES <small>**PLEASE SEE EVENT DESCRIPTION FOR SPECIFICS**</small>		M / F	W/C [X]
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<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

2015 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	TOP 12 (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"/>
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"/>

TEAM EVALUATION COMMENTS:

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

[illegible]

2015 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.

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	EVENT CODE	*PLAYER SKILL RATING
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

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:

2015 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	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"/>		

Athletes must be listed in alphabetical order by last name.

Athletes can only participate in one level of competition.

2015 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.

Team Name: |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_|

Athlete Names [Last Name, First Name]	M/F	AGE	WHCH
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

BOSAT TEAM AVERAGE:_____ **[Only Top Four Scores Used] TEAM RANKING:**_____

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]

2015 STATE FLAG FOOTBALL TOURNAMENT

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED: Participation does not conflict with eligibility for Bowling or Volleyball

1. FLAG FOOTBALL

<i>Event Code</i>	<i>Event Description</i>
FFTEAM	FF Flag Football Team

ELIGIBILITY FOR FLAG FOOTBALL TOURNAMENT PARTICIPATION

1. Valid Special Olympics Release Form, Application for Participation in Special Olympics on file in the Headquarters office postmarked by September 15, 2015 and remains valid through the last day of the tournament.
2. Athletes must participate in at least eight weeks of official Special Olympics training prior to State competition.
3. Each team must have at least one Head Coach who is certified in Flag Football, registered and in attendance with the team for the State Tournament.
4. Teams must play a minimum of two (documented) games against other Special Olympics teams prior to registration for state competition. The team roster must remain the same for the two qualifying games and State competition. Teams that modify their rosters will forfeit all games. Qualifying games must be played against other teams with an Intent to Play form on file. One game must be played against a team from another Agency. Forfeited games do not count toward the scrimmage requirement.

STATE TOURNAMENT HOST:

Region 4

HOUSING:

None provided

COST TO PARTICIPATE:

None – no meals provided, but may be available for purchase.

SPECIAL EVENTS:

- Inclusive Dance & Cheer Clinic

Please Print Clearly:

2015 STATE TEAM FOOTBALL

PLEASE PRINT CLEARLY:

AGENCY NUMBER: _____ AGENCY NAME: _____

TEAM NAME: _____

LIST ALL FOOTBALL GAMES PLAYED THIS SEASON

(A MINIMUM OF **TWO GAMES** MUST BE DOCUMENTED **BEFORE** THE REGISTRATION DEADLINE DATE. **ONE** GAME MUST BE PLAYED AGAINST A TEAM FROM ANOTHER SPECIAL OLYMPICS AGENCY.)

AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				
Comments:				