

2016-2017 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)

VOLLEYBALL

VBTEAM	Team Competition
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FLAG FOOTBALL

FFTEAM	Flag Football Team
FFTEAMU	Unified Flag Football Team

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
CC25KMF	2.5km 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
GYRHO01	Rhythmic Hoop – Level 1
GYRHO02	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
ATLNJP	Long Jump (Must be able to jump at least 1m)
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 (cannot do with mini javelin)
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
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

SW25MDEV	Assisted Swim (District only, non-advancing)
SW15WK	15m Walk (District only, if water depths permit)
SW15KB	15m Kickboarding (District Only, non-advancing)
SW15US	15m Unassisted Swim
SW25MF	25m Freestyle
SW50MF	50m Freestyle
SW100MF	100m Freestyle
SW200MF	200m Freestyle
SW400MF	400m Freestyle
SW25BS	25m Breaststroke
SW50BS	50m Breaststroke
SW100BS	100m Breaststroke
SW25BK	25m Backstroke
SW50BK	50m Backstroke
SW100BK	100m Backstroke
SW25BF	25m Butterfly
SW50BF	50m Butterfly
SW100BF	100m Butterfly
SW100IM	100m Individual Medley
SW4X25MF	4x25m Freestyle Relay
SW4X50MF	4x50m Freestyle Relay
SW4X1CMF	4x100m Freestyle Relay
SW4X25MR	4x25m Medley Relay
SW4X50MR	4x50m Medley Relay

OUTDOOR SPORTS SEASON**BOCCE**

BCTEAM	Team Competition
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GOLF

GFASTM	Alternate Shot Team Play – Level 2
GFSING9	Individual Stroke Play (9 Hole) – Level 4

SOFTBALL

SBTEAM	Team Softball Competition
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TENNIS

TNSING	Singles
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2017 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>
SW25MDEV	Assisted Swim (District only)
SW15WK	15m Walk (District only, if depths permit)
SW15KB	15m Kickboarding (District only)
SW15US	15m Unassisted Swim
SW25MF	25m Freestyle
SW50MF	50m Freestyle
SW100MF	100m Freestyle
SW200MF	200m Freestyle
SW400MF	400m Freestyle
SW25BS	25m Breaststroke
SW50BS	50m Breaststroke
SW100BS	100m Breaststroke
SW25BK	25m Backstroke
SW50BK	50m Backstroke
SW100BK	100m Backstroke
SW25BF	25m Butterfly
SW50BF	50m Butterfly
SW100BF	100m Butterfly
SW100IM	100m Individual Medley
SW4X25MF	4x25m Freestyle Relay
SW4X50MF	4x50m Freestyle Relay
SW4X1CMF	4x100m Freestyle Relay
SW4X25MR	4x25m Medley Relay
SW4X50MR	4x50m Medley Relay

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
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AT3000M	3000m Run
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AT100W	100m Walk
AT200W	200m Walk
AT400W	400m Walk
AT800W	800m Walk
AT1500W	1500m Walk
ATLNJP	Long Jump (must be able to jump at least 1m)
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 (cannot do with Mini Javelin)
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

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, 2017** to remain valid through **June 10, 2017**.
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. 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.
4. 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 8 and Friday, June 9, 2017

LOCATION:

UW-Stevens Point Campus

MEALS:

Thursday, June 8:

Dinner

Friday, June 9:

Breakfast, Lunch and Dinner

Saturday, June 10:

Breakfast

Lunch – Separate fee

COST:

Delegates are all athletes, coaches and chaperones.

Plan A

Housing:

\$56.00 per delegate

Housing, competition, all meals except Sat. lunch

Plan B

No housing:

\$30.00 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.

*****AGENCIES MAY CHOOSE TO SPLIT THEIR DELEGATION INTO TWO PLANS. YOU MUST ADHERE TO AN ATHLETE/CHAPERONE RATIO THAT IS BETWEEN 3:1 AND 4:1 WITHIN EACH PLAN TO ENSURE LEGAL RATIOS FOR HOUSING AND TRAVEL. EACH PLAN MUST BE REGISTERED ON SEPARATE FORMS WITH A SEPARATE HEAD OF DELEGATION LISTED.**

SPECIAL EVENTS:

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

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 (608-442-5675)

(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 (608-442-5677)
- ☐ 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 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"/>	Aquatics Roster	Female Athletes (w/o wheelchairs)		SUBTOTAL
<input type="checkbox"/>	Athletics Roster	Female Athletes w/ wheelchairs		
<input type="checkbox"/>	Powerlifting Roster	Female Coaches / Chaperones		
		TOTAL M + F DELEGATES		

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 (except Sat. lunch) \$ 56.00 x _____ Total Delegates = \$ _____

Plan B: No Housing: Competition & all meals (except Sat. lunch) \$ 30.00 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

***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."

Agency Manager 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.

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"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<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.”

Agency Manager Signature

Date

2017 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!

MAXIMUM: FOUR EVENTS • 2 INDIVIDUAL & 2 RELAY		IN- WATER START ✓	HOUSING [X]	1ST EVENT EVENT CODE	*QUALIFYIN G TIME MIN: SEC. 1/10	2ND EVENT EVENT CODE	*QUALIFYIN G TIME MIN: SEC. 1/10	1ST RELAY EVENT CODE	*QUALIFYIN G TIME MIN: SEC. 1/10	2ND RELAY EVENT CODE	*QUALIFYING TIME MIN: SEC. 1/10
	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)							RELAY TEAM NAME (15 CHAR. MAX)		RELAY TEAM NAME (15 CHAR. MAX)	
1											
								R1.		R2.	
2											
								R1.		R2.	
3											
								R1.		R2.	
4											
								R1.		R2.	
5											
								R1.		R2.	

MAXIMUM: FOUR EVENTS • 2 INDIVIDUAL & 2 RELAY		IN-WATER START ✓	HOUSING [X]	1ST EVENT	*QUALIFYING TIME	2ND EVENT	*QUALIFYING TIME	1ST RELAY	*QUALIFYING TIME	2ND RELAY	*QUALIFYING TIME
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)				EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10
				RELAY TEAM NAME (15 CHAR. MAX)		RELAY TEAM NAME (15 CHAR. MAX)					
6											
								R1.		R2.	
7											
								R1.		R2.	
8											
								R1.		R2.	
9											
								R1.		R2.	
10											
								R1.		R2.	

Athletes must be listed in alphabetical order by last name.

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

2017 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!

<u>MAXIMUM: THREE EVENTS</u> • 3 INDIVIDUAL • 2 INDIVIDUAL & 1 RELAY • 1 INDIVIDUAL & 2 RELAY		CATEGORY LETTER	HOUSING [X]	1ST EVENT	*QUALIFYING SCORE	2ND EVENT OR RELAY	*QUALIFYING SCORE	3RD EVENT OR RELAY	*QUALIFYING SCORE
				EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)						RELAY TEAM NAME (15 CHAR. MAX)		RELAY TEAM NAME (15 CHAR. MAX)	
1									
						R1.		R2.	
2									
						R1.		R2.	
3									
						R1.		R2.	
4									
						R1.		R2.	
5									
						R1.		R2.	

MAXIMUM: THREE EVENTS <ul style="list-style-type: none"> 3 INDIVIDUAL 2 INDIVIDUAL & 1 RELAY 1 INDIVIDUAL & 2 RELAY 		CATEGORY LETTER	HOUSING [X]	1ST EVENT		2ND EVENT OR RELAY		3RD EVENT OR RELAY	
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)				EVENT CODE	*QUALIFYING SCORE MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	*QUALIFYING SCORE MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	*QUALIFYING SCORE MIN: SEC. 1/10 M .CM POINTS
6									
7									
8									
9									
10									

Categories are listed in the Athletics Rules.
Athletes in relays must also be entered on the relay team forms.

2017 STATE SUMMER GAMES

POWERLIFTING ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Email: _____

ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)		M/F	HOUSING [X]	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.*****

2017 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	HOUSING [X]
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]