# 2015 FALL SPORTS SEASON OVERVIEW

# EVENT DESCRIPTION

## **OFFICIAL EVENTS OFFERED:**

**1.** **BOWLING**

***Event Code Event Description***

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**

***Event Code Event Description***

VBTEAM Team Competition

### ELIGIBILITY FOR FALL SPORTS SEASON PARTICIPATION

1. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics Application on file in the Headquarters office postmarked by **October 1, 2015** and remain valid through **the date of competition.**
2. Athletes must participate in eight weeks of training prior to competition.
3. 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 competition of last year’s state bowling tournament.)
4. Each Agency has filled out the volleyball Intent to Play form and it is on file with their Regional office as of **September 1, 2015**.
5. Volleyball teams must play a minimum of two (documented) games against other Special Olympics teams prior to registration for district competition. The team roster must remain the same for the two qualifying games, and 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.

**PLEASE READ FORMS CAREFULLY!**

**2015 REGIONAL BOWLING REGISTRATION**

**ATHLETE ROSTER**

**Please Print Clearly:**

Agency Number:       Agency Name:

\*\*Head Coach:       W: (      )       H: (      )

Address:

(City) (State) (Zip)

Fax: (      )       E-mail:

**Cell phone contact number while at the Tournament:** (      )

**Return this form to your REGIONAL Office by the published deadline date!**

**I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers  (check √).**

***Reminder:*** *athlete to coaches/chaperone ratio is minimum of 4:1*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Athlete Names**  (Alphabetical: Last Name, First) | **Event Code** | **15 Game Average** | **WHCH [X]** | **team or doubles name**  **15 character limit** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

Athletes can be entered in only one event.

\*\*Registration information for this Regional event will be sent to the person listed as head coach.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Athlete Names**  (Alphabetical: Last Name, First) | **Event Code** | **15 Game Average** | **WHCH [X]** | **team or doubles name**  **15 character limit** |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
| 23 |  |  |  |  |  |
| 24 |  |  |  |  |  |
| 25 |  |  |  |  |  |

Athletes can be entered in only one event.

\*\*Registration information for this Regional event will be sent to the person listed as head coach.

**2015 DISTRICT VOLLEYBALL REGISTRATION**

**TEAM VOLLEYBALL**

**Please Print Clearly:**

Agency Number:       Agency Name:

\*\*Head Coach:       W: (      )       H: (      )

Address:

(City) (State) (Zip)

Fax: (      )       E-mail:

**Cell phone contact number while at the Tournament:** (      )

**I have verified that all chaperones attending the tournament are**

**approved SOWI Class A certified volunteers**  **(check √).**

**Return this form to the host REGIONAL Office by the published deadline date!**

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

Each team must have a unique name up to **15 characters long**.

**CHECK ALL ITEMS:**

New Team  Existing Team

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Athlete Names**  (Alphabetical: Last Name, First ) | **\*VSAT SCORE** | **top 6**  **[x}** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |
| **Compute the Average of Top six VSAT Scores =** | |  |  |

\*See volleyball rules for skills calculation.

\*\*Registration information will be sent to person listed as head coach.

**By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying matches  (check √).**

**(OVER)**

**2015 VOLLEYBALL SEASON**

**Please Print Clearly:**

Agency Number:       Agency Name:

Team Name:

Total Agency number of coaches and chaperones that will be attending this district tournament:

***Reminder:*** *athlete to coaches/chaperone ratio is minimum of 4:1*

**LIST ALL VOLLEYBALL MATCHES PLAYED THIS SEASON**

(A minimum of **TWO MATCHES** must be documented here **before** the registration deadline date. **ONE** match must be played against a team from another Special Olympics Agency.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency Number** | **Opposing Team Official Name** | **Date of Match** | **Your Score** | **Their Score** |
|  |  |  | 1)  2)  3) | 1)  2)  3) |
| Comments: | | | | |
|  |  |  | 1)  2)  3) | 1)  2)  3) |
| Comments: | | | | |
|  |  |  | 1)  2)  3) | 1)  2)  3) |
| Comments: | | | | |