

2015 FALL SPORTS SEASON OVERVIEW

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

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				<input type="checkbox"/>	
2				<input type="checkbox"/>	
3				<input type="checkbox"/>	
4				<input type="checkbox"/>	
5				<input type="checkbox"/>	

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				<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"/>	
21				<input type="checkbox"/>	
22				<input type="checkbox"/>	
23				<input type="checkbox"/>	
24				<input type="checkbox"/>	
25				<input type="checkbox"/>	

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 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:				