

2016 OUTDOOR SPORTS TOURNAMENT SEASON OVERVIEW

EVENT DESCRIPTIONS

OFFICIAL EVENTS OFFERED: Athletes shall compete in only one of the sports offered.

BOCCE

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

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 – no longer offered as an SOWI event
GFSING9	Individual Stroke Play (9 Hole) – Level 4
GFSING18	Individual Stroke Play (18 Hole) – Level 5 – no longer offered as an SOWI event

SOFTBALL

<i>Event Code</i>	<i>Event Description</i>
A. SBTEAM	Team Softball Competition
B. SBTEEB	Tee Ball Competition

TENNIS

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

ELIGIBILITY FOR OUTDOOR SPORTS SEASON PARTICIPATION

1. Valid Special Olympics Release Form, Application for Participation in Special Olympics on file in the Headquarters office postmarked by **June 1, 2016** 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. 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, district competition 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.
4. 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.
5. Golf district competition will have quota based on the current year's registration.
6. All Agencies must submit an Intent to Play form for team events to their Regional office by **May 1, 2016**.
7. Advancement of athletes in individual sports must comply with the policies listed in the General Information section of the Competition Guide.

PLEASE READ FORMS CAREFULLY!

Please Print Clearly:

(OVER)

2016 DISTRICT TEAM SOFTBALL

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 coach/chaperone ratio is minimum of 4:1

Will you be taking qualifying team(s) to the State tournament? ☐ Yes ☐ No

LIST ALL SOFTBALL 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:				

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games ☐ (check ☒).

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2016 DISTRICT TEAM TEE BALL

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 coach/chaperone ratio is minimum of 4:1

LIST ALL TEE BALL GAMES YOU HAVE 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:				

2016 DISTRICT GOLF REGISTRATION **ATHLETE ROSTER**

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

Address: _____

Fax: (_____) _____ E-mail: _____ (City) (State) (Zip)

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

Number of coaches and chaperones that will attend this district tournament: _____

Reminder: athlete to coach/chaperone ratio is minimum of 4:1 (do not include alternate shot partners in total)

Will you be bringing qualifying athletes to the State tournament? ☐ Yes ☐ No

RETURN THIS FORM TO YOUR HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!

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

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	UNIFIED ATHLETE [x]	EVENT CODE	*AVERAGE SCORE
1.		<input type="checkbox"/>		
2.		<input type="checkbox"/>		
3.		<input type="checkbox"/>		
4.		<input type="checkbox"/>		
5.		<input type="checkbox"/>		
6.		<input type="checkbox"/>		
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"/>		

*Average of six scores recorded on following pages

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

Unified Sports Medical Form: Partner athletes must correctly complete the Unified Sports Partner Application Form and mail to the Headquarters office postmarked by the June 1st medical deadline date.

2016 DISTRICT GOLF ATHLETE REGISTRATION

LEVEL 2 – ALTERNATE SHOT

Please Print Clearly:

Agency Number: _____ Agency Name: _____

***THESE NAMES MUST ALSO APPEAR ON YOUR GOLF ATHLETE ROSTER**

Two of the six required scores must be completed on courses of 2,400 yards or longer. Also list the six most recent scores since the last Outdoor Sports Tournament for the athlete and partner below.

<p>** Team Name:</p>		<p>*Athlete Names (Alphabetical: Last Name, First)</p> <p>Team Average _____</p> <p>1. _____</p> <p>2. _____</p> <p>Six most recent nine-hole scores: _____</p> <p>Course Par: _____</p> <p>Course Length (yards): _____</p>
<p>** Team Name:</p>		<p>*Athlete Names (Alphabetical: Last Name, First)</p> <p>Team Average _____</p> <p>1. _____</p> <p>2. _____</p> <p>Six most recent nine-hole scores: _____</p> <p>Course Par: _____</p> <p>Course Length (yards): _____</p>
<p>** Team Name:</p>		<p>*Athlete Names (Alphabetical: Last Name, First)</p> <p>Team Average _____</p> <p>1. _____</p> <p>2. _____</p> <p>Six most recent nine-hole scores: _____</p> <p>Course Par: _____</p> <p>Course Length (yards): _____</p>

****Teams must have a unique name up to 15 characters long. The name will remain the same for all competition.**

2016 DISTRICT GOLF ATHLETE REGISTRATION

LEVEL 4 – 9 HOLE

Please Print Clearly:

Agency Number: _____ Agency Name: _____

***THESE NAMES MUST ALSO APPEAR ON YOUR GOLF ATHLETE ROSTER.**

Two of the six required scores must be completed on courses of 2,400 yards or longer. Also list the six most recent scores since the last Outdoor Sports Tournament for the athlete below.

<p>*Athlete Name (Last Name, First)</p> <p>1. _____ Average _____</p> <p>Six most recent nine-hole scores: _____</p> <p>Course Par: _____</p> <p>Course Length (yards): _____</p>							
<p>*Athlete Name (Last Name, First)</p> <p>2. _____ Average _____</p> <p>Six most recent nine-hole scores: _____</p> <p>Course Par: _____</p> <p>Course Length (yards): _____</p>							
<p>*Athlete Name (Last Name, First)</p> <p>3. _____ Average _____</p> <p>Six most recent nine-hole scores: _____</p> <p>Course Par: _____</p> <p>Course Length (yards): _____</p>							
<p>*Athlete Name (Last Name, First)</p> <p>4. _____ Average _____</p> <p>Six most recent nine-hole scores: _____</p> <p>Course Par: _____</p> <p>Course Length (yards): _____</p>							
<p>*Athlete Name (Last Name, First)</p> <p>5. _____ Average _____</p> <p>Six most recent nine-hole scores: _____</p> <p>Course Par: _____</p> <p>Course Length (yards): _____</p>							

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