## 2024 FALL SEASON OVERVIEW - BOCCE EVENT DESCRIPTIONS

#### **OFFICIAL EVENTS OFFERED:**

BOCCE

Event Code Event Description

BCTEAM Team Competition

BCTEAMU Unified Team Competition

#### **ELIGIBILITY FOR BOCCE SEASON PARTICIPATION**

- 1. Valid Special Olympics Release Form, Application for Participation in Special Olympics on file in the Headquarters office postmarked by **July 15**, **2024** and remains valid through **the date of the Regional/District tournament you are attending.**
- 2. To be eligible to advance to the State Fall Games, an athlete's Application for Participation must remain valid through **September 8, 2024.**
- 3. Athletes must participate in at least eight weeks of official Special Olympics training prior to State competition.
- 4. All Agencies must submit an Intent to Play form for team events to their Regional office by **June 1, 2024.**
- 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 Local Program. Forfeited games do not count toward the scrimmage requirement.
- 6. 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.

PLEASE READ FORMS CAREFULLY

# 2024 DISTRICT/REGIONAL TEAM BOCCE REGISTRATION ATHLETE ROSTER

Ple	ease Print Clearly:				
Lo	cal Program Number:Local Program Name:				
He	ad Coach:				
Ad	dress:	City)		State)	(Zip)
E-r	mail:				(Eip)
<u>Ce</u>	Il phone contact number while at the Tournament: (				
Ad	ditional email you would like games information sent to:				
	RETURN THIS FORM TO THE HOST REGION OFFICE BY	THE P	UBLISHED DE	ADLINE DA	TE!
l h	ave verified that all chaperones attending the tournament are appr	roved SC	WI Class A cert	ified volunte	ers $\square(\sqrt)$ .
	<b>portant</b> : Teams shall consist of rosters of four, five or six athlete bstitution rules will regulate the use of the 5 <sup>th</sup> or 6 <sup>th</sup> players.	s; howe	er only four ma	y compete a	nt one time.
* E	Feam Name:	ne name	s will stay the sa	ame at all lev	
	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F	WHEELCHAIR (X)	Unified Partner (X)	INDIVIDUAL BOSAT SCORE*
1.					
2.					
3.					
4.					
5.					
6.					
					<u> </u>
	OSAT Team Average: (sum of the four lowest (best) so ams from your Local Program)	ores divi	ded by 4 †) *** <b>F</b>	Rank:	_ (your
†Be *Se	etter scores have a lower numerical value. see BOSAT Rules and Form on following pages If registering multiple teams, please rank them utilizing one to ind	icate the	top team, two t	or second b	est, etc.
	By submitting this form I verify that the athletes on this roster c qualifying games (che	-,	in at least two	of the docum	iented

(OVER)

## 2024 DISTRICT/REGIONAL TEAM BOCCE

Please Print Clearly:													
Local Program Number:Local Program Name:													
Team Name:													
Total Local Program 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 bringing qualifying athletes to the State Tournament?													
LIST ALL BOCCE GAMES YOU HAVE PLAYED THIS SEASON													
A minimum of <b>TWO GAMES</b> must be documented <b>before</b> the registration deadline date. <b>ONE</b> game must be played against a team from another Special Olympics Local Program.													
LOCAL PROGRAM NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF GAME	YOUR SCORE	THEIR SCORE									
Comments:													
Comments:													
Comments:													

# 2024 DISTRICT/REGIONAL TEAM BOCCE REGISTRATION ATHLETE ROSTER

Ple	ease Print Clearly:									
Lo	cal Program Number:Local Program Name:									
He	ad Coach:				_					
E-r	mail:				_					
<u>Ce</u>	ell phone contact number while at the Tournament: (									
Ad	ditional email you would like games information sent to:									
RETURN THIS FORM TO THE HOST REGION OFFICE BY THE PUBLISHED DEADLINE DATE!										
I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers $\Box(\sqrt)$ .										
	<b>portant:</b> Teams shall consist of rosters of four, five or six athlete bstitution rules will regulate the use of the 5 <sup>th</sup> or 6 <sup>th</sup> players.	s; howe\	ver only four ma	y compete a	t one time.					
* Team Name:										
	ATHLETE NAMES	M/F	WHEELCHAIR	Unified Partner	INDIVIDUAL BOSAT					
	(ALPHABETICAL: LAST NAME, FIRST)	IVI/F	(X)	(X)	SCORE*					
1.		IVI/F								
1. 2.		IVI/F								
		W/F								
2.		WI/F								
2. 3. 4.		W/F								
2. 3. 4.		W/F								
2. 3. 4.		W/F								
2. 3. 4. 5. 6.			(X)	(X)						
2. 3. 4. 5. 6. *Sec. *Se	(ALPHABETICAL: LAST NAME, FIRST)  OSAT Team Average: (sum of the four lowest (best) sc	ores divi	ded by 4 †) *** F	(x)	(your					

(OVER)

## 2024 DISTRICT/REGIONAL TEAM BOCCE

Please Print Clearly:												
Local Program Number:Local Program Name:												
Team Name:												
Total Local Program 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 bringing qualifying athletes to the State Tournament?												
LIST ALL BOCCE GAMES YOU HAVE PLAYED THIS SEASON												
A minimum of <b>TWO GAMES</b> must be documented <b>before</b> the registration deadline date. <b>ONE</b> game must be played against a team from another Special Olympics Local Program.												
LOCAL PROGRAM NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF GAME	YOUR SCORE	THEIR SCORE								
Comments:												
Comments:												
Comments:												

# 2024 DISTRICT/REGIONAL TEAM BOCCE REGISTRATION ATHLETE ROSTER

<u>Ple</u>	ease Print Clearly:										
<u>Pl</u>	ease Print Clearly:										
Lo	ocal Program Number:Local Program Name:										
He	ead Coach:										
E-	mail:										
<u>Ce</u>	ell phone contact number while at the Tournament: (										
Ad	ditional email you would like games information sent to:										
RETURN THIS FORM TO THE HOST REGION OFFICE BY THE PUBLISHED DEADLINE DATE!											
	nave verified that all chaperones attending the tournament are app				、 ,						
	<b>portant:</b> Teams shall consist of rosters of four, five or six athlete ubstitution rules will regulate the use of the 5 <sup>th</sup> or 6 <sup>th</sup> players.	es, nowe	ver only lour ma <sub>.</sub>	у сотгрете а	u one ume.						
* E	Team Name:	ne name	s will stay the sa								
	New Team Existing Team Tradit	ional Te	am [	Unified Te	eam						
	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F	WHEELCHAIR (X)	Unified Partner (X)	INDIVIDUAL BOSAT SCORE*						
1.		M/F	_	Partner	BOSAT						
1. 2.		M/F	_	Partner	BOSAT						
		M/F	_	Partner	BOSAT						
2.		M/F	_	Partner	BOSAT						
2. 3. 4.		M/F	_	Partner	BOSAT						
2. 3. 4.		M/F	_	Partner	BOSAT						
2. 3. 4.		M/F	_	Partner	BOSAT						
2. 3. 4. 5.			(X)	Partner (X)	BOSAT						
2. 3. 4. 5. 6. *Se *Se	(ALPHABETICAL: LAST NAME, FIRST)  OSAT Team Average: (sum of the four lowest (best) so	ores divi	ded by 4 †) *** F	Partner (X)	BOSAT SCORE*						

(OVER)

## 2024 DISTRICT/REGIONAL TEAM BOCCE

Please Print Clearly:												
Local Program Number:Local Program Name:												
Team Name:												
Total Local Program 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 bringing qualifying athletes to the State Tournament?  Yes  No												
LIST ALL BOCCE GAMES YOU HAVE PLAYED THIS SEASON												
A minimum of <b>TWO GAMES</b> must be documented <b>before</b> the registration deadline date. <b>ONE</b> game must be played against a team from another Special Olympics Local Program.												
LOCAL PROGRAM OPPOSING TEAM OFFICIAL NAME DATE OF GAME YOUR SCORE THEIR SCORE NUMBER												
Comments:												
Comments:												
Comments:												

- 1. The BOSAT is designed specifically to measure the basic skills necessary to participate in the sport of bocce, i.e., the delivery of the ball, while focusing on a target, so the thrown ball comes to rest as close as possible to the target (pallina in the BOSAT).
- 2. All athletes to be entered in bocce competition must have completed the entire BOSAT (along with his or her team members) in order to be eligible for all bocce competition.
- 3. Caution: You should administer the BOSAT only after athletes have become familiar with the scoring area and procedures. In addition, administer the BOSAT shortly before your district entries are due. Hopefully, skills will have improved your training from pre-district competition opportunities.
- 4. Equipment:
  - a. Four official size (4.20" 4.33") bocce balls metal or wood
  - b. One pallina of similar material and size (1.875" 2.5")
- 5. Set Up
  - a. An official 60 foot grass bocce court
  - b. For each trial, the pallina will be centered in the middle of the court at each of the distances listed (30, 40, then 50 feet measured from the end).
- 6. Test:
  - a. Each player being tested will stand behind the throwing line at the end opposite the placed pallina and will deliver four consecutive balls as close to the pallina as they can for each trial.
  - b. If a player's foot fouls while tossing a ball, the ball will be picked up and re-tossed by the player.
  - c. If the pallina is moved during the trial, it shall remain where it lands and shall not be replaced in its original position until after completion of the trial. Play shall continue unless the pallina is knocked passed the end court line in which case it shall be considered out of bounds and the trial shall be replayed.
  - d. The official shall measure and record in inches the total number of inches all four balls are from the pallina for each trial and shall record the closest three. The measurement will be from the center of the pallina to closest side of the ball.

#### 7. Scoring

- b. When all three trials are completed, each of the best (lowest) three scores from each trial shall be added together into one cumulative score.
- a. A team score (average) shall equal the total number of inches for the four best players (with the lowest scores) on the team, divided by four.
- b. If a ball rolls past the end line during a trial, the score shall be the measurement in inches from where the pallina was placed, measured to the end line. For example, if measuring from the pallina placed at the 40 foot mark, it would be 20 feet or 240 inches to get to the end line. The following scores will be used:

pallina placement = inches to the end line

30 feet = 360 inches

40 feet = 240 inches

50 feet = 120 inches

SCORE SHEET	
Local Program Number:	Local Program Name:
Team Name:	

TRIALS (in inches)																*TOTAL OF 3 best	
TEAM MEMBERS		1 (30 feet)		2 (40 feet)		3 (50 feet)		Best (lowest number) score Trial 1		Best (lowest number) score Trial 2		Best (lowest number) score Trial 3		(lowest numbers) trial scores (in inches)			
1												+		+		=	
2												+		+		=	
3												+		+		=	
4												+		+		=	
5												+		+		=	
6												+		+		=	

### IMPORTANT:

**BOSAT TEAM AVERAGE** BOSAT TEAM AVERAGE When all three trials are completed, each of the best (lowest) three scores from each trial shall be added together into one cumulative score.

The sum of the four lowest (best) athlete totals for all of the three trials = \_\_\_\_\_\_divided by 4 = \_\_\_\_\_\_

[Please record all trials in inches.]

- The BOSAT team average will be used along with competition scores to division bocce teams for competitions.
- A copy of your BOSAT must be forwarded with your district bocce registration materials.

SCORE SHEET	
Local Program Number:	Local Program Name:
Team Name:	

TRIALS (in inches)																*TOTAL OF 3 best	
TEAM MEMBERS		1 (30 feet)		2 (40 feet)		3 (50 feet)		Best (lowest number) score Trial 1		Best (lowest number) score Trial 2		Best (lowest number) score Trial 3		(lowest numbers) trial scores (in inches)			
1												+		+		=	
2												+		+		=	
3												+		+		=	
4												+		+		=	
5												+		+		=	
6												+		+		=	

### IMPORTANT:

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SCORE SHEET	
Local Program Number:	Local Program Name:
Team Name:	

TRIALS (in inches)																*TOTAL OF 3 best	
TEAM MEMBERS		1 (30 feet)		2 (40 feet)		3 (50 feet)		Best (lowest number) score Trial 1		Best (lowest number) score Trial 2		Best (lowest number) score Trial 3		(lowest numbers) trial scores (in inches)			
1												+		+		=	
2												+		+		=	
3												+		+		=	
4												+		+		=	
5												+		+		=	
6												+		+		=	

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