**2024 STATE COMPETITIONS - BOWLING**

# EVENT DESCRIPTION

**OFFICIAL EVENTS OFFERED:**

1. **STATE** **BOWLING**

***Event Code Event Description***

BODEV Development – Single (one athlete)

BOSINR Ramp - Single (one athlete)

BOSING Singles (one athlete)

BODBLE Doubles (two athletes)

BOTEAM Team (four athletes)

BODBLEU Unified Doubles (one athlete, one unified partner)

BOTEAMU Unified Team (two athletes, two unified partners)

## ELIGIBILITY FOR STATE BOWLING TOURNAMENT PARTICIPATION

1. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics Application on file in the Headquarters office by **October 1, 2024**. Athletes are not allowed to attend practice before the Special Olympics Wisconsin State Office has processed forms.

2. Unified Partners must have a valid Class A Volunteer Application on file with the State Office before attending practice.

3. Both athletes and unified partners must have a valid Communicable Disease Waiver on file in the State Office before attending practice.

4. Athletes must place 1st, 2nd, 3rd, or 4th in their Regional Bowling Tournament to be eligible to advance to the State bowling tournament.

**LOCATION:**

Competition, Lunch,

Dance Dale’s Weston Lanes (5902 Schofield Ave, Weston, WI)

**MEALS:**

Competition Day Lunch (Saturday **OR** Sunday)

**COST:**

Plan A (Day Of): $15.00 per delegate Competition & lunch for athletes and coaches on your

competition day (either Saturday or Sunday)

**SPECIAL EVENTS:**

* Dance
* Healthy Athletes

**REGISTRATION FORMS MUST BE SUBMITTED TO**

**YOUR REGIONAL ATHLETIC DIRECTOR:**

STATE BOWLING TOURNAMENT

**Registration Deadline – Wednesday, November 18**

**Saturday, December 7 – Regions 4, 6, 8**

**Sunday, December 8 – Regions 2, 3, 5, 7**

Dale’s Weston Lanes – Weston, WI

Regions 2, 3

Kaytlin Kassens

KKassens@SpecialOlympicsWisconsin.org

715-289-6644

Regions 4, 5

Megan Quandt

MQuandt@SpecialOlympicsWisconsin.org

920-659-5911

Region 6

Adam Loeber

ALoeber@SpecialOlympicsWisconsin.org

608-442-5668

Region 7

Brooke Trewyn

BTrewyn@SpecialOlympicsWisconsin.org

262-518-2316

Region 8

Amber Weinfurter

AWeinfurter@SpecialOlympicsWisconsin.org

262-518-2314

**2024 FALL STATE COMPETITIONS REGISTRATION - BOWLING**

# FORMS AND FEES CHECKLIST

**Please Print Clearly:**

Local Program Number:      Local Program Name:

**Important:** Material will only be sent to individual listed below. Awards will be mailed to address below.

Name:

Address:

City:       State:       Zip:

Phone C: (      )       Phone H: (      )

E-mail:

**Head of Delegation (HOD) at the Games:**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOD cell phone contact number while at the Games:** (     )

Additional email address to send games information:

**Return this form to YOUR REGIONAL ATHLETIC DIRECTOR with**

**State Registration Materials by the deadline date!**

|  |  |  |  |
| --- | --- | --- | --- |
| **Checklist of Enclosures:** |  | **Delegates:** | **Total Number** |
| [ ]  | Registration Fees |  | Male Athletes (w/o wheelchairs) |       |  |
| [ ]  | Bowling Athlete Roster |  | Male Athletes w wheelchairs |       | **SUBTOTAL** |
|  |  |  | Male Coaches |       |      **ubtota**l |
|  |  |  | Female Athletes (w/o wheelchairs) |       |  |
|  |  |  | Female Athletes w wheelchairs |       | SUBTOTAL |
|  |  |  | Female Coaches |       |      Subtotal |
|  |  |  | Total M + F Delegates |       |

**Registration Fees**

Plan A: Day Of Competition $ 15.00 x       Total Delegates = $

\*This is **ALL** athletes, coaches, and chaperones a part of the delegation.

**SPECIAL EVENTS RSVP**

Will your program plan to attend the Dance on Saturday Night at Dale’s Weston Lanes?

YES       # Athletes

NO

Fees will be taken out of the Local Program in-house account, if one exists. Invoices will be sent to those that do not have an in-house account. All transactions will take place after the event date.

**State Registration – Bowling LOCAL PROGRAM #**

You do not have to list all the coaches and chaperones attending these games with your local program. But please remember:

* You must adhere to an athlete/chaperone ratio that is between 3:1 and 4:1. Prior approval must be received from your Regional office for other athlete/coach ratios.
* Chaperones/coaches must be 16 years of age or older.
* All chaperones/coaches must be approved, active SOWI Class A volunteers by the entry deadline date.
* The Athletes-As-Coaches 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).

**“I verify that all coaches and chaperones in attendance are 16 years of age or older and are Class A approved. All coaches are current on certification. In addition, all Athletes-As-Coaches listed above meet the criteria for the AAC Program.”**

**“I have checked the above information and found it to be complete and accurate.”**

**Local Program Manager Signature Date**

**Regional Office Signature Date**

**2024 FALL STATE COMPETITIONS - BOWLING**

# BOWLING ATHLETE ROSTER

**Please Print Clearly:**

Local Program Number:       Local Program Name:

Head Coach:         Cell #:

**Return this form to YOUR ATHLETIC DIRECTOR with state registration materials**

**BY published deadline date!**

Please Note:

1. Athletes must be listed in alphabetical order by last name.
2. Athletes can only participate in one event.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Athlete Name**(Last Name, First Name) | **ROLE**Athlete / Unified Parnter | **M/F** | **W/C**[X] | **EVENT CODE** | **TEAM OR DOUBLES NAME** |
| 1. |       |  |       | [ ]  |       |       |
| 2. |       |  |       | [ ]  |       |       |
| 3. |       |  |       | [ ]  |       |       |
| 4. |       |  |       | [ ]  |       |       |
| 5. |       |  |       | [ ]  |       |       |
| 6. |       |  |       | [ ]  |       |       |
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| 11. |       |  |       | [ ]  |       |       |
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**2024 FALL STATE COMPETITIONS - BOWLING**

# BOWLING ATHLETE ROSTER

**Please Print Clearly:**

Local Program Number:       Local Program Name:

Head Coach:         Cell #:

**Return this form to YOUR ATHLETIC DIRECTOR with state registration materials**

**BY published deadline date!**

Please Note:

1. Athletes must be listed in alphabetical order by last name.
2. Athletes can only participate in one event.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Athlete Name**(Last Name, First Name) | **ROLE**Athlete / Unified Parnter | **M/F** | **W/C**[X] | **EVENT CODE** | **TEAM OR DOUBLES NAME** |
| 1. |       |  |       | [ ]  |       |       |
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**2024 FALL STATE COMPETITIONS - BOWLING**

# BOWLING ATHLETE ROSTER

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Head Coach:         Cell #:

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