**2024 FALL STATE COMPETITION – UNIFIED BOWLING**

# EVENT DESCRIPTION

**OFFICIAL EVENTS OFFERED:**

**1.** **BOWLING**

***Event Code Event Description***

BODBLE Doubles (two person)

BOTEAM Team Bowling (four person)

## ELIGIBILITY FOR STATE UNIFIED BOWLING TOURNAMENT PARTICIPATION

1. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics on file in the state office postmarked by to **October 1, 2024** to remain valid through **date of the State Unified Bowling Tournament you are attending.**
2. A bowling scratch score is based on a 6-game average submitted to the Host office along with any other registration information prior to the deadline date for a Regional tournament. (The 6-game average can be based on any documented games which have taken place since the completion of last year’s State bowling tournament.)

**COST: NO FEES FOR ATHLETES TO COMPETE.**

**LUNCH**: **Currently lunch is not provided at this event.**

**REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:**

UNIFIED TOURNAMENT

Tournament Date: November 9, 2024 (Registration due: Oct. 21, 2024)

Schwoegler Park Towne Lanes – Madison

Host: Region 6

Adam Loeber

ALoeber@SpecialOlympicsWisconsin.org

 608-442-5668

**2024 FALL STATE COMPETITIONS**

**REGISTRATION – UNIFIED BOWLING**

# FORMS AND FEES CHECKLIST

**Please Print Clearly:**

Local Program Number:      Local Program Name:

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

Name:

Address:

City:       State:       Zip:

Phone H: (      )       Phone W: (      )

Fax: (      ) 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 THE host Office with State Registration Materials**

**by the deadline date!**

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

**State Registration – Bowling LOCAL PROGRAM #**

You do not have to list all the coaches and chaperones attending these games with your agency. 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 – UNIFIED BOWLING**

# BOWLING ATHLETE ROSTER

**Please Print Clearly:**

Local Program Number:       Local Program Name:

Head Coach:         Cell #:

**Return this form to THE host office 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) | **UNIFIED PARTNER [X]** | **Ramp [X]** | **EvenT Code** | **6-GAME AveragE** | **team or doubles name (15 character****limit)** |
| 1. |       | [ ]  | [ ]  |       |       |       |
| 2. |       | [ ]  | [ ]  |       |       |       |
| 3. |       | [ ]  | [ ]  |       |       |       |
| 4. |       | [ ]  | [ ]  |       |       |       |
| 5. |       | [ ]  | [ ]  |       |       |       |
| 6. |       | [ ]  | [ ]  |       |       |       |
| 7. |       | [ ]  | [ ]  |       |       |       |
| 8. |       | [ ]  | [ ]  |       |       |       |
| 9. |       | [ ]  | [ ]  |       |       |       |
| 10. |       | [ ]  | [ ]  |       |       |       |
| 11. |       | [ ]  | [ ]  |       |       |       |
| 12. |       | [ ]  | [ ]  |       |       |       |
| 13. |       | [ ]  | [ ]  |       |       |       |
| 14. |       | [ ]  | [ ]  |       |       |       |
| 15. |       | [ ]  | [ ]  |       |       |       |
| 16. |       | [ ]  | [ ]  |       |       |       |
| 17. |       | [ ]  | [ ]  |       |       |       |
| 18. |       | [ ]  | [ ]  |       |       |       |
| 19. |       | [ ]  | [ ]  |       |       |       |
| 20. |       | [ ]  | [ ]  |       |       |       |