**2025 FALL GAMES**

EVENT DESCRIPTION

**OFFICIAL SPORTS OFFERED**:

*Event Listings included on the Sport Registration forms*. Athletes may compete in ONE of the sports offered at Fall Games.

1. Bocce
2. Flag Football
3. Softball

**ELIGIBILITY FOR FALL GAMES TOURNAMENT PARTICIPATION**

1. Valid Official SOWI Release Form and Athlete Medical in Special Olympics on file in the State Office postmarked by **July 15, 2025** to remain valid through **September 8, 2025.**
2. Athletes must participate in eight weeks of official Special Olympics training prior to competition.
3. Advancement: For Bocce and Softball, SOWI will issue a team state quota for each district tournament based on total 2025 participation statewide. All Flag Football teams are eligible to compete at State Fall Games.

**HOUSING**:

A room block has been set up at Chula Vista Resort in Wisconsin Dells, WI with a discounted rate. Local Programs wishing to reserve housing for their delegation should call to book their local program’s rooms. All registered guests will receive waterpark passes for the duration of their stay.

ROOM BLOCKS ARE RESERVED FOR REGISTERED ATHLETES AND COACHES. To make reservations for this event, **call the toll free reservation number specific to SOWI: (844)-902-0667. Reference booking ID #K42953 Special Olympics of WI** when making the reservation. **MAKE SURE THEY RECORD YOUR LOCAL PROGRAM NUMBER**. They will ask for your credit card information for incidentals, but it will not be charged if the rooms will be paid by an in-house account.

The room block will expire on the registration deadline of **Friday, August 15, 2025**. Reservations cancelled 72 hours or more in advance of arrival will receive a refund less a cancellation-processing fee. Local Programs will be financially responsible for all rooms and cancellation fees booked by your program.

**SOWI will NOT be responsible for booking rooms**. However, SOWI can pay for your room via local program in-house accounts. Please make sure to include your local program name and number when booking rooms. Put down the cost of the rooms on the registration form, so SOWI can match with the invoice after the event.

**LOCATIONS**:

Housing, Opening Ceremonies, Dance Chula Vista Resort

Bocce, Flag Football, Softball Woodside Dells Sports Complex

**MEALS**:

Saturday, September 6 Breakfast, Lunch, Dinner

Sunday, September 7 Breakfast, Lunch (separate fee)

**COST**: Delegates are all athletes, coaches, and chaperones.

* Local Programs may choose to split their delegation into **TWO** plans. You must adhere to an athlete/chaperone ratio between 3:1 and 4:1 with each plan to ensure legal ratios for housing and travel. **Each plan must be registered on separate forms** with a separate Head of Delegation listed.

Plan A (All Meals): $45.00 per delegate Competition & all meals except Sun. lunch

Plan B: (Day Of): $15.00 per delegate Competition & Saturday Lunch

Add-on (Sun. Lunch): $15.00 per delegate Sunday Lunch

**SPECIAL EVENTS**:

* Opening Ceremony
* Dance – Sock Hop 50’s
* Victory Village
* Healthy Athletes

**2025 FALL GAMES REGISTRATION**

**FORMS AND FEES CHECKLIST**

Return all forms to your Regional Athletic Director with State Registration Materials by **Monday, August 18, 2025**.

**Please Print Clearly:**

Local Program Number:       Local Program Name:

**Important:** Material will only be sent to individual listed below. Be sure the address is correct **(no P.O. box Numbers)** and the is form complete.

Name:

Head of Delegation Name:

Phone C: (      ) E-mail:

Alt. E-mail:

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

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

**Return this form to your regional AD with state registration materials BY deadline date!**

|  |  |  |
| --- | --- | --- |
| **Delegates:** | | **Total Number** |
| Male Athletes (w/o wheelchairs) |  |  |
| Male Athletes w/ wheelchairs |  | **SUBTOTAL** |
| Male Coaches / Chaperones |  |  |
|  |  |  |
| Female Athletes (w/o wheelchairs) |  |  |
| Female Athletes w/ wheelchairs |  | SUBTOTAL |
| Female Coaches / Chaperones |  |  |
| Total M + F Delegates | |  |

**Registration AND Fees** – ***Local Program may register for up to TWO plans provided the 3:1 or 4:1 ratio is met within each plan. Each plan must be registered on separate forms with a separate HOD listed.***

Housing Cost: *\*Call Hotel directly to book rooms\**  Housing Total = $

Plan A: Competition & all meals (except Sun. lunch) $ 45.00 x       Total Delegates = $

Plan B: Day Of: Competition & Saturday lunch $ 15.00 x       Total Delegates = $

Add-on: Sunday lunch (not included w/registration) $ 15.00 x       Total Delegates = $

Total = $

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.

\*\*\*If your delegation is at a hotel other than Chula Vista, please name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Please list any dietary restrictions on a Special Needs Form and include with your registration.\*\*\*

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

**Local Program Manager Signature Date**

**COACH – CHAPERONE ROSTER LOCAL PROGRAM #**

Please list the coaches and chaperones who will be accompanying your group. You must adhere to an athlete/chaperone ration that is between 3:1 and 4:1. Prior approval must be received from you Regional athletic director for other athlete/coach ratios.

**IMPORTANT**

Chaperones must be 16 years of age or older. No un-named chaperones are allowed. All chaperones must be approved, active SOWI Class A volunteers by one week following the entry deadline (Monday, August 26, 2025).

Athletes-As-Coaches (AAC) are to be listed under CERTIFIED COACHES. The AAC 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). Please indicate any Athletes-As-Coaches by checking the box in the AAC column.

The roster must be typed or printed clearly.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CERTIFIED COACHES | | **Sport** | **m / F** | **W/C [X]** | **AAC [X]** | **Meal plan**  **(A, B or C)** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
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| 7. |  |  |  |  |  |  |
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| 9. |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHAPERONES | | **M / F** | **W/C [X]** | **Meal plan**  **(A, B or C)** |
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| 3. |  |  |  |  |
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| 7. |  |  |  |  |
| 8. |  |  |  |  |

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

**Local Program Manager Signature Date**

**2025 FALL GAMES**

**BOCCE TEAM REGISTRATION ROSTER**

**OFFICIAL EVENTS OFFERED**:

BOCCE

*Event Code Event Description*

BCTEAM Traditional Team Competition

BCTEAMU Unified Team Competition

Local Program Number:       Local Program Name:

Head Coach Name:         Head Coach Email

Head Coach Phone:

**Return this form to your rEGIONAL athletic director with state registration materials BY deadline date!**

**Team Name**: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Each team must have a unique name, up to **15 characters long**. The name must be used at all competitions.

Event Code:  BCTEAM (Traditional Team)  BCTEAMU (Unified Team)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Athlete Names**  (Alphabetical: Last Name, First) | **M/F** | **WC**  **(X)** | **UNIFIED PARTNER**  **(X)** | **INDIVIDUAL**  **BOSAT SCORE\*** | **Meal plan**  **(A, B or C)** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |

|  |
| --- |
| **BOSAT Team Average:**  (only top four scores†) **\*\*\* Rank:**  (your teams from your Program) |

The team shall consist of rosters of four, five or six athletes; however, only four can compete at one time. Substitution rules will regulate the use of the fifth or sixth players. **If your Local Program is bringing multiple teams, rank your teams with one indicating the highest ability, two for the next highest ability and so forth.**

Unified Partner: All Unified Partners must be approved, active SOWI Class A volunteers by one week following the entry deadline (Monday, August 26, 2025).

**TEAM EVALUATION COMMENTS**

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year, etc.

**2025 FALL GAMES**

**BOCCE TEAM REGISTRATION ROSTER**

**OFFICIAL EVENTS OFFERED**:

BOCCE

*Event Code Event Description*

BCTEAM Traditional Team Competition

BCTEAMU Unified Team Competition

Local Program Number:       Local Program Name:

Head Coach Name:         Head Coach Email

Head Coach Phone:

**Return this form to your rEGIONAL athletic director with state registration materials BY deadline date!**

**Team Name**: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Each team must have a unique name, up to **15 characters long**. The name must be used at all competitions.

Event Code:  BCTEAM (Traditional Team)  BCTEAMU (Unified Team)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Athlete Names**  (Alphabetical: Last Name, First) | **M/F** | **WC**  **(X)** | **UNIFIED PARTNER**  **(X)** | **INDIVIDUAL**  **BOSAT SCORE\*** | **Meal plan**  **(A, B or C)** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
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| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |

|  |
| --- |
| **BOSAT Team Average:**  (only top four scores†) **\*\*\* Rank:**  (your teams from your Program) |

The team shall consist of rosters of four, five or six athletes; however, only four can compete at one time. Substitution rules will regulate the use of the fifth or sixth players. **If your Local Program is bringing multiple teams, rank your teams with one indicating the highest ability, two for the next highest ability and so forth.**

Unified Partner: All Unified Partners must be approved, active SOWI Class A volunteers by one week following the entry deadline (Monday, August 26, 2025).

**TEAM EVALUATION COMMENTS**

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year, etc.

**2025 FALL GAMES**

**BOCCE TEAM REGISTRATION ROSTER**

**OFFICIAL EVENTS OFFERED**:

BOCCE

*Event Code Event Description*

BCTEAM Traditional Team Competition

BCTEAMU Unified Team Competition

Local Program Number:       Local Program Name:

Head Coach Name:         Head Coach Email

Head Coach Phone:

**Return this form to your rEGIONAL athletic director with state registration materials BY deadline date!**

**Team Name**: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Each team must have a unique name, up to **15 characters long**. The name must be used at all competitions.

Event Code:  BCTEAM (Traditional Team)  BCTEAMU (Unified Team)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Athlete Names**  (Alphabetical: Last Name, First) | **M/F** | **WC**  **(X)** | **UNIFIED PARTNER**  **(X)** | **INDIVIDUAL**  **BOSAT SCORE\*** | **Meal plan**  **(A, B or C)** |
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| --- |
| **BOSAT Team Average:**  (only top four scores†) **\*\*\* Rank:**  (your teams from your Program) |

The team shall consist of rosters of four, five or six athletes; however, only four can compete at one time. Substitution rules will regulate the use of the fifth or sixth players. **If your Local Program is bringing multiple teams, rank your teams with one indicating the highest ability, two for the next highest ability and so forth.**

Unified Partner: All Unified Partners must be approved, active SOWI Class A volunteers by one week following the entry deadline (Monday, August 26, 2025).

**TEAM EVALUATION COMMENTS**

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year, etc.

**2025 FALL GAMES**

**FLAG FOOTBALL TEAM REGISTRATION ROSTER**

**OFFICIAL EVENTS OFFERED**:

FLAG FOOTBALL

*Event Code Event Description*

FFTEAM Team Flag Football Team

FFTEAMU Unified Flag Football Team

Local Program Number:       Local Program Name:

Head Coach Name:         Coach Email:

Head Coach Phone:

**Return this form to your rEGIONALathletic director with state registration materials BY deadline date!**

*By checking this box I verify that all athletes on this roster competed in at least two of the documented qualifying games.*

**Team Name**: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Each team must have a unique name, up to **15 characters long**. The name must be used at all competitions.

*Select One Select One*

New Team Traditional Team

Existing Team Unified Team

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ATHLETE NAMES**  (Alphabetical: Last Name, First) | **M/F** | **Unified Partner [X]** | **Meal plan**  **(A, B or C)** |
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| 12. |  |  |  |  |

Unified Partner: All Unified Partners must be approved, active SOWI Class A volunteers by one week following the entry deadline (Monday, August 26, 2025).

**(OVER)**

**2025 FALL GAMES**

**FLAG FOOTBALL TEAM REGISTRATION ROSTER**

**Please Print Clearly:**

Local Program Number:       Local Program Name:

Team Name:

**LIST ALL FLAG FOOTBALL 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 Local Program.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Local Program Number** | **Opposing Team Official Name** | **Date of Match** | **Your Score** | **Their Score** |
|  |  |  |  |  |
| Comments: | | | | |
|  |  |  |  |  |
| Comments: | | | | |
|  |  |  |  |  |
| Comments: | | | | |
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| Comments: | | | | |

**2025 FALL GAMES**

**FLAG FOOTBALL TEAM REGISTRATION ROSTER**

**OFFICIAL EVENTS OFFERED**:

FLAG FOOTBALL

*Event Code Event Description*

FFTEAM Team Flag Football Team

FFTEAMU Unified Flag Football Team

Local Program Number:       Local Program Name:

Head Coach Name:         Coach Email:

Head Coach Phone:

**Return this form to your rEGIONALathletic director with state registration materials BY deadline date!**

*By checking this box I verify that all athletes on this roster competed in at least two of the documented qualifying games.*

**Team Name**: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Each team must have a unique name, up to **15 characters long**. The name must be used at all competitions.

*Select One Select One*

New Team Traditional Team

Existing Team Unified Team

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ATHLETE NAMES**  (Alphabetical: Last Name, First) | **M/F** | **Unified Partner [X]** | **Meal plan**  **(A, B or C)** |
| 1. |  |  |  |  |
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Unified Partner: All Unified Partners must be approved, active SOWI Class A volunteers by one week following the entry deadline (Monday, August 26, 2025).

**(OVER)**

**2025 FALL GAMES**

**FLAG FOOTBALL TEAM REGISTRATION ROSTER**

**Please Print Clearly:**

Local Program Number:       Local Program Name:

Team Name:

**LIST ALL FLAG FOOTBALL 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 Local Program.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Local Program Number** | **Opposing Team Official Name** | **Date of Match** | **Your Score** | **Their Score** |
|  |  |  |  |  |
| Comments: | | | | |
|  |  |  |  |  |
| Comments: | | | | |
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| Comments: | | | | |
|  |  |  |  |  |
| Comments: | | | | |

**2025 FALL GAMES**

**SOFTBALL TEAM REGISTRATION ROSTER**

**OFFICIAL EVENTS OFFERED**:

SOFTBALL

*Event Code Event Description*

SBTEAM Team Softball Competition

Local Program Number:       Local Program Name:

Head Coach Name:         Coach Email:

Coach Phone:

**Return this form to your rEGIONAL athletic director with state registration materials BY deadline date!**

**Team Name**: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Each team must have a unique name, up to **15 characters long**. The name must be used at all competitions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Athlete Names**  (Alphabetical: Last Name, First) | **M/F** | **TOP 12**  **(X)** | **Meal plan**  **(A, B or C)** |
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| 14. |  |  |  |  |
| 15. |  |  |  |  |

**EVALUATION COMMENTS**

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year, etc.

**2025 FALL GAMES**

**SOFTBALL TEAM REGISTRATION ROSTER**

**OFFICIAL EVENTS OFFERED**:

SOFTBALL

*Event Code Event Description*

SBTEAM Team Softball Competition

Local Program Number:       Local Program Name:

Head Coach Name:         Coach Email:

Coach Phone:

**Return this form to your rEGIONAL athletic director with state registration materials BY deadline date!**

**Team Name**: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Each team must have a unique name, up to **15 characters long**. The name must be used at all competitions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Athlete Names**  (Alphabetical: Last Name, First) | **M/F** | **TOP 12**  **(X)** | **Meal plan**  **(A, B or C)** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
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| 13. |  |  |  |  |
| 14. |  |  |  |  |
| 15. |  |  |  |  |

**EVALUATION COMMENTS**

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year, etc.