2014-2015 EVENT CODES

FALL SPORTS SEASON

BOWLING

Singles (one person)
Doubles (two person)
Singles – Ramp (one person)
Team Bowling (four person)

WINTER SPORTS SEASON

ALPINE SKIING

ASINSL	Alpine Intermediate Slalom
ASINGS	Alpine Intermediate Giant Slalom
ASINSG	Alpine Intermediate Super G
ASSUGL	Alpine Super Glide

CROSS COUNTRY SKIING

CC050M	50m Race Classical
CC100M	100m Race Classical
CC500MF	500m Race Freestyle
CC1KLMF	1km Race Freestyle
CC3KLMF	3km Race Freestyle
CC5KLMF	5km Race Freestyle
CC75KMF	7.5km Race Freestyle
CC4X5M	4X500m Relay

INDOOR SPORTS SEASON

BASKETBALL

BBINSC1	Individual Skills level 1
BBINSC2	Individual Skills level 2
BBTEAM	Team Basketball

GYMNASTICS – RHYTHMIC

GYMNASTICS -	RHYTHMIC
GYRROPA	Rope – Level A
GYRHOOA	Hoop – Level A
GYRRIBA	Ribbon – Level A
GYRBALLA	Ball – Level A
GYRALLA	All Around – Level A
GYRROPB	Rope – Level B
GYRHOOB	Hoop – Level B
GYRRIBB	Ribbon – Level B
GYRBALB	Ball – Level B
GYRBALLB	All Around – Level B
GYRROP1	Rhythmic Rope – Level 1
GYRCLB2	Rhythmic Club – Level 2
GYRROP3	Rhythmic Rope – Level 3
GYRHOO1	Rhythmic Hoop – Level 1
GYRHOO2	Rhythmic Hoop—Level 2
GYRCLB3	Rhythmic Club – Level 3
GYRBAL1	Rhythmic Ball – Level 1
GYRBAL2	Rhythmic Ball – Level 2
GYRBAL3	Rhythmic Ball – Level 3
GYRRIB1	Rhythmic Ribbon – Level 1
GYRRIB2	Rhythmic Ribbon – Level 2
GYRRIB3	Rhythmic Ribbon – Level 3
GYRALL1	Rhythmic All Around – Level 1
GYRALL2	Rhythmic All Around – Level 2
GYRALL3	Rhythmic All Around – Level 3

BWLDEV	Developmenta	Singles 8	Ramp	(one person))
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VOLLEYBALL

VBTEAM Team Competition

SNOWSHOE RACING

SN050M	50m Race
SN100M	100m Race
SN200M	200m Race
SN400M	400m Race
SN800M	800m Race
SN4X100M	4X100m Relay
SN4X200M	4X200m Relay
SN4X400M	4X400m Relay

SNOWBOARDING

SBSUGL	Snowboard Super Glide
SBINSG	Snowboard Intermediate Super G
SBINSL	Snowboard Intermediate Slalom
SBINGS	Snowboard Intermediate Giant Slalom

GYMNASTICS – ARTISTIC

Maultin a Laural A
Vaulting – Level A
Wide Beam – Level A
Floor Exercise – Level A
Men's Floor Exercise – Level 1
Men's Floor Exercise – Level 2
Men's Floor Exercise – Level 3
Men's Vaulting – Level 1
Men's Vaulting – Level 2
Men's Vaulting – Level 3
Men's Horizontal Bar – Level 1
Men's Horizontal Bar – Level 2
Women's Vaulting – Level 1
Women's Vaulting – Level 2
Women's Vaulting – Level 3
Women's Uneven Bars – Level 1
Women's Uneven Bars – Level 2
Women's Uneven Bars – Level 3
Women's Balance Beam - Level 1
Women's Balance Beam - Level 2
Women's Balance Beam - Level 3
Women's Floor Exercise – Level 1
Women's Floor Exercise – Level 2
Women's Floor Exercise – Level 3
Women's All Around – Level 1
Women's All Around – Level 2
Women's All Around – Level 3

ATHLETICS Additional constraints Additional constraints ATISUNDEV Assisted Run (Regional only, non-advancing) Additional constraints Additional constraints ATISOMDEV Assisted Run (Regional only, non-advancing) Additional constraints Additional constraints ATISOM 100m Run Additional constraints Additional constraints Additional constraints ATIADM 400m Run Additional constraints Additional constraints Additional constraints ATISOM 800m Run Additional constraints Additional constraints Additional constraints ATISOM 800m Run Additional constraints Additional constraints Additional constraints ATISOM 800m Run Additional constraints Additional constraints Additional constraints ATISOM 900m Run Additional constraints Additional constraints Additional constraints ATISOM 900m Run Additional constraints Additional constraints Additional constraints ATISOM 900m Walk Additional constraints Additional constraints Additional constraints ATISOW <th>SUMMER S</th> <th>PORTS SEASON</th> <th>AQUATICS</th> <th></th>	SUMMER S	PORTS SEASON	AQUATICS	
ATISOMDEV Assisted Run (Regional only, non-advancing) AQ25MF 25m Freestyle ATOSOM 50m run AQ100MF 100m Freestyle ATOSOM 200m Run AQ200MF 200m Freestyle ATA00M 400m Run AQ200MF 200m Freestyle ATA00M 800m Run AQ200MF 200m Freestyle ATA00M 800m Run AQ25BS 25m Breestyle AT300M 1500m Run AQ25BS 25m Breestyle AT300M 3000m Run AQ100BS 100m Breeststroke AT300M 3000m Run AQ100BS 100m Breeststroke AT200W 20m Walk AQ25BK 25m Backstroke AT400W 400m Walk AQ25BF 25m Butterfly AT800W 800m Walk AQ30BF 50m Butterfly AT800W 800m Walk AQ30BF 50m Butterfly AT800W 800m Walk AQ30BF 50m Butterfly AT81LU Standing Long Jump AQ4420MF 4x25m Freestyle Relay AT82M Shot Put-Female: 12 years of age AQ4425MF 4x25m Freestyle Relay ATSP2M Shot Put-Female: 12 years of age AQ4425MF 4x25m Medley Relay ATSP2M Shot Put-Female: 12 years and older AQ4425MF 4x25m Medley Relay				Assisted Swim (District only, non-advancing)
AT550M S0m run AGS0MF S0m Freestyle AT100M 100m Run AQ100MF 100m Freestyle AT400M 400m Run AQ200MF 200m Freestyle AT400M 400m Run AQ200MF 400m Freestyle AT400M 400m Run AQ200MF 200m Freestyle AT400M 400m Run AQ202BK 25m Breaststroke AT300M 3000m Run AQ50BS 50m Breaststroke AT300W 25m Walk AQ25BK 25m Backstroke AT200W 200m Walk AQ50BS 50m Breaststroke AT400W 400m Walk AQ25BK 50m Backstroke AT400W 400m Walk AQ25BF 25m Butterfly AT400W 400m Walk AQ50BF 50m Butterfly AT1500W 100m Walk AQ100BF 100m Butterfly AT150W 800m Walk AQ100BF 100m Butterfly AT150W 800m Walk AQ100BF 100m Butterfly AT150W 800t Put-Male: 12 years and older AQ4X25MF 4x25m Freestyle Relay AT5P2M Shot Put-Male: 12 years and older AQ4X25MR 4x25m Medley Relay ATSP2W Shot Put-Male: 8-11 years of age AQ4X25MR 4x25m Medley Relay ATSP2W Shot		Assisted Run (Regional only, non-advancing)		
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AT800W 800m Walk AQ50BF 50m Butterflý AT1500W 100m Butterflý 100m Butterflý AT1NJP Long Jump AQ100BF 100m Butterflý ATSLJ Standing Long Jump AQ4X25MF 4x25m Freestyle Relay ATSP2M Shot Put-Male: 8-11 years of age AQ4X50MF 4x50m Freestyle Relay ATSP2M Shot Put-Male: 12 years and older AQ4X25MR 4x25m Medley Relay ATSP2W Shot Put-Female: 11 years of age AQ4X25MR 4x25m Medley Relay ATSP2W Shot Put-Female: 11 years of age AQ4X25MR 4x25m Medley Relay ATSP2W Shot Put-Female: 12 years and older AQ4X50MR 4x50m Medley Relay ATSP2W Shot Put-Female: 12 years and older AQ4X50MR 4x50m Medley Relay ATJAVJR Mini Javelin 8-15 AQ15US 15m Unassisted Swim (District only) ATJAVSR Mini Javelin 16+ AT4X100M 4 x 100m Relay AT4X200M 4 x 200m Relay BOCCE AT4X200M AT4X200M 4 x 400m Relay BCTEAM Team Competition AT10WH Wheelchair-20m GOLF AT30MS AT0WHOB				
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	PLCOMB2 PLCOMB3	Bench/Deadlift/Squat Combo Lift		
		Bonon/Boduin/Oquat Oombo Ent		
SOCCER FFTEAM FF Flag Football Team	SOCCER		FFIEAM	FF FIAG FOODAIL LEAM

FBTEAM Five-A-Side Team Soccer

2014 FALL SPORTS SEASON OVERVIEW EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. BOWLING

Event CodeEvent DescriptionBOSINGSingles (one person)BODBLEDoubles (two person)BOSINRSingles – Ramp (one person)BOTEAMTeam Bowling (four person)BWLDEVDevelopmental Singles & Ramp (one person)

2. VOLLEYBALL

Event Code Event Description VBTEAM Team Competition

ELIGIBILITY FOR FALL SPORTS SEASON PARTICIPATION

- 1. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics Application on file in the Headquarters office postmarked by **October 1, 2014** and remain valid through **Saturday, December 6, 2014.**
- 2. Athletes must participate in eight weeks of training prior to competition.
- 3. A bowling scratch score is based on a 15-game average submitted to the Regional office along with any other registration information prior to the deadline date for a Regional tournament. (The 15-game average can be based on any documented games which have taken place since the competition of last year's state bowling tournament.)
- **4.** Athletes must place first, second or third at a Regional tournament to be eligible to advance to the sectional bowling tournaments.
- **5.** Athletes must place first, second or third at sectional tournaments to be eligible for bowling at the State Fall Sports Tournament. (There is **no** quota!) Teams missing a player may not advance.
- 6. Each Agency has filled out the volleyball Intent to Play form and it is on file with their Regional office as of **September 1, 2014**.
- 7. Volleyball 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.
- 8. <u>Volleyball teams must place first in their assigned district competition to automatically qualify for State</u> tournament play. Note: A limited number of second and third place teams may advance to fill any spaces in the tournament field.
- 9. Refer to Section B of the Competition Guide for State bowling assignment.

PLEASE READ FORMS CAREFULLY!

2014 REGIONAL BOWLING REGISTRATION ATHLETE ROSTER

Please Print Clearly:						
Agency Number:	Agency Name:					
**Head Coach:		W <u>: (</u>)	H: ()	
Address:						
Fax: <u>()</u>	E-mail:		(City)	(State)	(Zip)	
Cell phone contact num	ber while at the Tourname	ent: ()			

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

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers \Box (check $\sqrt{}$).

Reminder: athlete to coaches/chaperone ratio is minimum of 4:1

Will you be taking qualified athletes to the sectional tournament? Yes ______No _____

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	15 GAME AVERAGE	WHCH [X]	TEAM OR DOUBLES NAME 15 CHARACTER LIMIT
1					
2					
3					
4					
5					

Athletes must attend previous level of competition to qualify for State.

Athletes can be entered in only one event.

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

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	15 GAME AVERAGE	WHCH [X]	TEAM OR DOUBLES NAME 15 CHARACTER LIMIT
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Athletes must attend previous level of competition to qualify for State. Athletes can be entered in only one event. **Registration information for this Regional event will be sent to the person listed as head coach.

2014 DISTRICT VOLLEYBALL REGISTRATION TEAM VOLLEYBALL

Please Print Clear	l <u>y:</u>			
Agency Number:	Agency Name:			
*Head Coach:		W: ()	H: ()	
Address:				
Fax: <u>()</u>	E-mail:	(City)	(State)	(Zip)
	t number while at the Tournam			
	I have verified that all chaper approved SOWI Class A ce	•		
RETURN THIS	FORM TO THE HOST REGION	AL OFFICE BY THE PUBI	LISHED DEADLINE [DATE!
	ve a unique name up to 15 char a		_	
CHECK ALL ITE	EMS:			
New Team	Existing Team			
	ATHLETE NAM (ALPHABETICAL: LAST N/		*VSAT SCORE	TOP 6 [X}
1.	(
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9. 10.				
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12.				
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*See volleyball rules for skills calculation.

**Registration information will be sent to person listed as head coach.

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying matches \Box (check $\sqrt{}$).

(OVER)

2014 VOLLEYBALL SEASON

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 coaches/chaperone ratio is minimum of 4:1

Will you be taking qualifying teams to the State Fall Sports Tournament? Yes No

LIST ALL VOLLEYBALL MATCHES PLAYED THIS SEASON

(A minimum of **TWO MATCHES** must be documented here **before** the registration deadline date. **ONE** match must be played against a team from another Special Olympics Agency.)

DATE OF MATCH	YOUR SCORE	THEIR SCORE
	1)	1)
	2)	2)
	3)	3)
	1)	1)
	,	2)
	/	3)
	0/	o, <u> </u>
	1)	1)
	2)	2)
	3)	3)
		2) 3) 1) 2) 3) 3) 1) 2) 3)

2014 FALL SPORTS SEASON SECTIONAL BOWLING ATHLETE ROSTER

<u>Plea</u>	se Print Clearly:						
Ager	ncy Number:	Agency Name:					
**Head	d Coach:		W: ()	H:()	
Addı	ress:						
Fax:	()	E-mail:		(City)	(State		(Zip)
		umber while at the Tourname					
	RETURN THIS FO	ORM TO THE HOST REGIONA		BY THE PUB	LISHED DEADI	LINE DA	TE!
Num	ber of coaches and	d/or chaperones that will attend	this sectio	nal tournamen	:		
	I	have verified that all chapero approved SOWI Class A cer					
		Reminder: athlete to coaches	/chaperone	ratio is minim	um of 4:1		
Will	you be taking quali	fying athletes to the State Fall	Sports Tou	mament? 🗌 `	Yes 🗌 No		
	()	ATHLETE NAME ALPHABETICAL: LAST NAME, FIRS	T)		EVENT CODE	WHEEL ()	
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11.							
12.							1
13.							1
14.			_				
15							

Athletes can participate in only one event.

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

2015 INDOOR SPORTS SEASON OVERVIEW EVENT DESCRIPTIONS

ATHLETES CAN ONLY BE ENTERED IN ONE SPORT

OFFICIAL EVENTS OFFERED:

1. BASKETBALL

- Event Code Event Description
- BBINSC1 Individual Skills level 1
- BBINSC2 Individual Skills level 2
- BBTEAM Team Basketball

2. GYMNASTICS - STATE LEVEL ONLY

A. GYMNASTICS – ARTISTIC

Event Code	Event Description
GYAVAU	Vaulting – Level A
GYAWBM	Wide Beam – Level A
GYAFLX	Floor Exercise – Level A
GYMFLX1	Men's Floor Exercise – Level 1
GYMFLX2	Men's Floor Exercise – Level 2
GYMFLX3	Men's Floor Exercise – Level 3
GYMVAU1	Men's Vaulting – Level 1
GYMVAU2	Men's Vaulting – Level 2
GYMVAU3	Men's Vaulting – Level 3
GYMHBR1	Men's Horizontal Bar – Level 1
GYMHBR2	Men's Horizontal Bar – Level 2
GYWVAU1	Women's Vaulting – Level 1
GYWVAU2	Women's Vaulting – Level 2
GYWVAU3	Women's Vaulting – Level 3
GYWUNB1	Women's Uneven Bars – Level 1
GYWUNB2	Women's Uneven Bars – Level 2
GYWUNB3	Women's Uneven Bars – Level 3
GYWBBM1	Women's Balance Beam – Level 1
GYWBBM2	Women's Balance Beam – Level 2
GYWBBM3	Women's Balance Beam – Level 3
GYWFLX1	Women's Floor Exercise – Level 1
GYWFLX2	Women's Floor Exercise – Level 2
GYWFLX3	Women's Floor Exercise – Level 3
GYWALL1	Women's All Around – Level 1
GYWALL2	Women's All Around – Level 2
GYWALL3	Women's All Around – Level 3

B. GYMNASTICS – RHYTHMIC

D. OTMINAO	
Event Code	Event Description
GYRROPA	Rope – Level A
GYRHOOA	Hoop – Level A
GYRRIBA	Ribbon – Level A
GYRBALLA	Ball – Level A
GYRALLA	All Around – Level A
GYRROPB	Rope – Level B
GYRHOOB	Hoop – Level B
GYRRIBB	Ribbon – Level B
GYRBALB	Ball – Level B
GYRBALLB	All Around – Level B
GYRROP1	Rhythmic Rope – Level 1
GYRCLB2	Rhythmic Club – Level 2
GYRROP3	Rhythmic Rope – Level 3
GYRHOO1	Rhythmic Hoop – Level 1
GYRHOO2	Rhythmic Hoop—Level 2
GYRCLB3	Rhythmic Club – Level 3
GYRBAL1	Rhythmic Ball – Level 1
GYRBAL2	Rhythmic Ball – Level 2
GYRBAL3	Rhythmic Ball – Level 3
GYRRIB1	Rhythmic Ribbon – Level 1
GYRRIB2	Rhythmic Ribbon – Level 2
GYRRIB3	Rhythmic Ribbon – Level 3
GYRALL1	Rhythmic All Around – Level 1
GYRALL2	Rhythmic All Around – Level 2
GYRALL3	Rhythmic All Around – Level 3

2015 INDOOR SPORTS SEASON

ELIGIBILITY FOR INDOOR SPORTS SEASON PARTICIPATION

- 1. Valid Special Olympics Release Form, Application For Participation in Special Olympics on file in the Headquarters office postmarked by **February 1, 2015** to remain valid through **April 12, 2015**
- 2. Teams must play a minimum of two documented games against other Special Olympics teams prior to registration for district/regional competition. The team roster must remain the same for the two qualifying games, district/regional competition, sectional 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.
- 3. Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.
- 4. Individual basketball skills state participation will be based on a quota.
- 5. <u>Teams must place first in their assigned district/regional competition to automatically qualify for</u> sectional competition. Note: A limited number of second and third place teams will advance through lottery selections to fill spaces in the sectional tournament field.
- 6. <u>Teams must place first in their assigned sectional competition to automatically qualify for State</u> tournament play. Note: A limited number of second and third place teams will advance through lottery selections to fill any spaces in the State tournament field.
- 7. Each Agency must fill out an Intent to Play form and have it on file with the Regional office by **December 1, 2014.**
- 8. SOWI will issue a quota to each Agency for state basketball skills participation based on the current year's Regional involvement. Every Agency must follow the advancement criteria as described in the General Information section of the Competition Guide for determination of which athletes to advance.

PLEASE READ FORMS CAREFULLY!

2015 DISTRICT/REGIONAL BASKETBALL REGISTRATION TEAM BASKETBALL

Please Print C	<u>Clearly:</u>			
Agency Numb	er:Agency Name:			
**Head Coach: _	W: ()	H: ()	
Address:	VV: (
Fax: <u>()</u>	E-mail:	(City)	(State)	(Zip)
	ontact number while at the Tournament: (
RETURN	THIS FORM TO THE HOST REGIONAL OFFIC	E BY THE PUBLIS	SHED DEADLINE DA	TE!
Team Nam	I have verified that all chaperones atter approved SOWI Class A certified vol 1e:	unteers (check	√).	tiono
	ist have a unique name, up to 15 characters lon	g . This name will b	be used at all competit	lions.
New Team				-
	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F	HEIGHT	
1.				
2.			_	
3.				-
4. 5				-
5. 6.				-
7.				-
8.			_	-
9.				
10.				
11.				
12.				

One team per form

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

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games \Box (check $\sqrt{}$).

(OVER)

2015 DISTRICT/REGIONAL TEAM BASKETBALL

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 coaches/chaperone ratio is minimum of 4:1

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

LIST ALL BASKETBALL GAMES PLAYED THIS SEASON.

(A minimum of **TWO GAMES** must be documented here **before** the registration deadline date. **ONE** game must be played against a team from another Special Olympics Agency.)

Remember – the more information you give us, the more accurate your divisioning

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

2015 DISTRICT BASKETBALL SKILLS REGISTRATION ATHLETE ROSTER

	Please Print Clearly:					
	Agency Number:	Agency Name:				
	***Head Coach:		W: ()	H: ()
	Address:					
	Fax: <u>()</u>	E-mail:	(0	City)	(State)	(Zip)
	Cell phone contact number while					
	RETURN THIS FORM TO TH	HE HOST REGIO	NAL OFFICE B	Y THE PUBLISH	ED DEADLINE	DATE!
		rified that all chap ed SOWI Class A	-			
	Number of coaches and chaperon	es that will attend	this district tour	nament:		_
	Reminder	: athlete to coach	nes/chaperone ra	atio is minimum o	of 4:1	
	Will you be taking qualifying athlet	tes to the state to	urnament?	Yes 🗌 No		
	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	*QUALIFYING SCORE	BASKETBALL HOOP HEIGHT**	BASKETBALL SIZE MEN/WOMEN**	BOUNCE/ CHEST PASS****
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8. 9.						
9. 10.						
10.						
12.						
13.						
14.						
15						

*Refer to basketball skills rules to calculate final score to use as qualifying score.

**Refer to the rules for hoop height and ball size by age group.

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

****Must designate chest or bounce pass for Level II Catch and Pass Skill

2015 SECTIONAL TEAM BASKETBALL REGISTRATION ATHLETE ROSTER

Pleas	<u>e Print Clearly:</u>				
Ageno	cy Number:	Agency Name:			
Head	Coach:				
Addre	ss:				
City:			Sta	ate:	_Zip Code:
Fax: <u>(</u>)	E-mail:			
<u>Cell p</u>	hone contact num	ber while at the Tournament: ()		
RE	ETURN THIS FORM	I TO YOUR HOST REGIONAL OFF	ICE BY THE PU	JBLISHED D	DEADLINE DATE!
	I	have verified that all chaperones atte approved SOWI Class A certified vo	•		
Tear Each t	n Name : _ team must have a u	nique name up to 15 characters lon	 I g . This name v	 will be used a	at all competitions.
List in	Alphabetical Order				
		ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)		M/F	HEIGHT
1.					
2.					
3.					
4.					
5.					
6.					
7. 8.					
o. 9.					
10.					
11.					
12.					

2015 SUMMER GAMES SEASON OVERVIEW **EVENT DESCRIPTIONS**

ATHLETES CAN ONLY BE ENTERED IN ONE SPORT

OFFICIAL EVENTS OFFERED:

1. AQU	JATICS	4. ATH	LETICS
Event Code	Event Description	Event Code	Event Description
AQ25MDEV	Assisted Swim (District only, non-advancing)	AT50MDEV	Assisted Run (Regional only, non-advancing)
AQ25MF	25m Freestyle	AT050M	50m run
AQ50MF	50m Freestyle	AT100M	100m Run
AQ100MF	100m Freestyle	AT200M	200m Run
AQ200MF	200m Freestyle	AT400M	400m Run
AQ400MF	400m Freestyle	AT800M	800m Run
AQ25BS	25m Breaststroke	AT1500M	1500m Run
AQ50BS	50m Breaststroke	AT3000M	3000m Run
AQ100BS	100m Breaststroke	AT25MW	25m Walk
AQ25BK	25m Backstroke	AT100W	100m Walk
AQ50BK	50m Backstroke	AT200W	200m Walk
AQ100BK	100m Backstroke	AT400W	400m Walk
AQ25BF	25m Butterfly	AT800W	800m Walk
AQ50BF	50m Butterfly	AT1500W	1500m Walk
AQ100BF	100m Butterfly	ATHIJP	High Jump – no longer offered
AQ100IM	100m Individual Medley	ATLNJP	Long Jump (Must be able to jump at least 1m)
AQ4X25MF	4x25m Freestyle Relay	ATSTLJ	Standing Long Jump
AQ4X50MF	4x50m Freestyle Relay	ATSP2M	Shot Put-Male: 8-11
AQ4X1CMF	4x100m Freestyle Relay	ATSP4M	Shot Put-Male: 12+
AQ4X25MR	4x25m Medley Relay	ATSPIW	Shot Put-Female: 8-11
AQ4X50MR	4x50m Medley Relay	ATSP2W	Shot Put-Female: 12+
AQ15WK	15m Walk (District only, if depths permit)	ATSOBT	Softball Throw
AQ15US	15m Unassisted Swim (District only)	ATJAVJR	Mini Javelin 8-15
		ATJAVSR	Mini Javelin 16+
2. POV	VERLIFTING	ATPENT	Pentathlon – no longer offered
Event Code	Event Description	AT4X100W	4x100m Walking Relay
PLBHPR	Bench Press	AT4X100M	4 x 100m Relay
PLDEAD	Deadlift	AT4X200M	4 x 200m Relay
PLSQAT	Squat	AT4X400M	4 x 400m Relay
PLCOMB2	Bench/Deadlift Combination Lift	AT25WH	Wheelchair-25m
PLCOMB3	Bench/Deadlift/Squat Combo Lift	AT100WH	Wheelchair-100m
		AT200WH	Wheelchair-200m
	CER	AT30WS	Wheelchair-30m Slalom
Event Code	Event Description	AT50MS	Motor Wheelchair-50m Slalom
FBTEAM	Five-A-Side Team Soccer	AT30MS	Motor Wheelchair-30m Slalom
		ATWHOB	Motor Wheelchair-25m Obstacle

AT4X25M

ATWSP1M

4 x 25 Wheelchair Shuttle Relay

Wheelchair Shot Put-Male

ATWSP1W Wheelchair Shot Put-Female

2015 SUMMER SPORTS SEASON

ELIGIBILITY FOR SUMMER GAMES SEASON COMPETITION

- 1. Valid Special Olympics Release Form and the Application For Participation in Special Olympics in the Headquarters office postmarked by **April 1, 2015** to remain valid through **Saturday, June 6, 2015**
- 2. Athletes must have participated in at least eight weeks of official Special Olympics training prior to State competition.
- 3. At Regional tournaments and State Summer Games, athletes are eligible to compete in only one of the four sports offered. Agency quota will be based on the number of participating athletes, and advancement will be conducted according to Article I of the General Rules (see General Competition Policies). Soccer teams will be eligible by winning first place at district play; however, additional quota slots may be offered depending on space availability.
- 4. An athlete in athletics may participate in a maximum of three events (three individual, two individual and one relay, or one individual and two relays). An athlete in aquatics may compete in a maximum of two individual events and two relay events as long as he or she has successfully qualified for each event. Athletes registered for two relays may only be entered once in each relay event.
- 5. Wheelchair athletes can enter a maximum of three athletic events. Motorized wheelchair athletes may not enter non-motorized events (and vice versa). Note: Bicycles or tricycles [i.e., gear/pedal powered vehicles] are not legal in wheelchair competitions.
- 6. Soccer 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.
- 7. <u>Soccer teams must place first in their assigned district competition to automatically qualify for State</u> tournament play. Note: A limited number of second and third place teams may advance to fill any spaces in the tournament field.
- 8. Each Agency must fill out the Intent to Play form for soccer and have it mailed to their Regional office postmarked by **March 1, 2015** to be eligible.
- 9. SOWI will issue to each Agency a quota for State Summer Games athletics and aquatics participation separately, based on the current year's Regional involvement. Every Agency must follow the advancement policies described in the General Information section of the Competition Guide to determine which athletes advance. Soccer teams (eligible by district finishes) and powerlifting (eligible by training) will <u>NOT</u> count as part of the Agency's Summer Games quotas.

PLEASE READ FORMS CAREFULLY!

2015 REGIONAL ATHLETICS REGISTRATION ATHLETE ROSTER

Please Print Clearly:							
Agency Number:Agency Name:							
**Head Coach:	W <u>: (</u>)	H: ()	Fax: ()	
Address:							
E-mail:	(^(City) Cell phone c	(Sta ontact number	,	^(Zip) Ie Tourname	ent: ()
RETURN THIS FORM TO Y	OUR REGIO		E BY THE PUBL	LISHED DI	EADLINE DA	ATE!	
I have verified that all chaperones attending the	tournament	are approve	ed SOWI Class A	A certified	volunteers	🗌 (check	√).
Number of coaches and chaperones that will attend the	Regional tour	nament:		thlete to coa	ches/chaperc	one ratio is m	inimum of 4:1
Will you be taking qualifying athletes to the State tou	irnament?	🗌 Yes	🗌 No				

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

*Use best performance for qualifying score. *Enter all distances in **meters**. Example: 1 meter, 2 centimeters is 1.02 meters.

MAXIMUM: THREE EVENTS • 3 INDIVIDUAL		1ST EVENT	*QUALIFYING SCORE	2ND EVENT OR RELAY	*QUALIFYING SCORE	3RD EVENT OR RELAY	*QUALIFYING SCORE	
 2 INDIVIDUAL & 1 RELAY 1 INDIVIDUAL & 2 RELAY 	CATEGORY LETTER	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)				RELAY TEAM NAM	RELAY TEAM NAME (15 CHAR. MAX)		RELAY TEAM NAME (15 CHAR. MAX)	
Example, John	D	AT100M	1:09.3	ATLNJP	1.12	AT4X100M	2:45.2	
	D			R1.		R2. Road Runn	ers	

*Use best performance for qualifying score.

*Enter all distances in **meters**. Example: 1 meter, 2 centimeters is 1.02 meters.

	MAXIMUM: THREE EVENTS • 3 INDIVIDUAL		1ST EVENT	*QUALIFYING SCORE	2ND EVENT OR RELAY	*QUALIFYING SCORE	3RD EVENT OR RELAY	*QUALIFYING SCORE
	2 INDIVIDUAL & 1 RELAY1 INDIVIDUAL & 2 RELAY	CATEGORY LETTER	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS	EVENT CODE	MIN: SEC. 1/10 M .CM POINTS
	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)			:	RELAY TEAM NA	ME (15 CHAR. MAX)	RELAY TEAM NA	ME (15 CHAR. MAX)
1					R1.		R2.	
2					R1.		R2.	
2					KI.		N2.	
3				1	R1.	1	R2.	1
4					R1.		R2.	
5					R1.		R2.	
					KI.		112.	
6					R1.		R2.	
7					R1.		R2.	
8					R1.		R2.	
9								
Ĵ					R1.	1	R2.	
10					R1.		R2.	

2015 DISTRICT AQUATICS REGISTRATION ATHLETE ROSTER

<u>Please Print Clearly:</u>				
Agency Number:Agency I	Name:			_
**Head Coach:	<u>W: ()</u>	H: <u>()</u>	Fax: ()	_
Address:				
E-mail:	(City) Cell phon	(State) e contact number whi	(Zip) e at the Tournament: ()
	THIS FORM TO YOUR REGIONAL			
I have verified that all chaperones atter	•			
Number of coaches and chaperones that will	attend the Regional tournament:	Reminder: athlete to	coaches/chaperone ratio is mini	mum of 4:1
Will you be taking qualifying athletes to the	e State tournament?	🗌 No		
These times were taken in a pool with len	gth measured in (check one) 🗌 Me	ters 🗌 Yard	S	
NOTES: *Use best performance for the qualifying t	time			

*Use best performance for the qualifying time. **Registration information for this district event will be sent to the person listed as head coach.

Other events can be offered only at the district level; check with the host Regional office for details.

Place a check $[\sqrt{}]$ next to the athletes who start in the water.

MAXIMUM: FOUR EVENTS	IN-	1ST EVENT	*QUALIFYING TIME	2ND EVENT	*QUALIFYING TIME	1 ^{s⊤} RELAY	*QUALIFYING TIME	2 ND RELAY	*QUALIFYING TIME
2 INDIVIDUAL & 2 RELAY	WATER START	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10
ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)	N						AM NAME (R. MAX)		EAM NAME IAR. MAX)
Example, John	al	AQ100MF	0:49.3	AQ200MF	1:25.1	AT4X1CMF	3:45.2	AQ4X25MR	2:20.3
Example, John	v					R1. Wave Rui	nners	R2. Dolphins	

(OVER)

Place a check $\left[\boldsymbol{\sqrt{}} \right]$ next to the athletes who start in the water.

*Use best performance for the qualifying time

	MAXIMUM: FOUR EVENTS • 2 INDIVIDUAL & 2 RELAY	IN- WATER START	1ST EVENT	*QUALIFYING TIME	2ND EVENT	*QUALIFYING TIME	1 ST RELAY	*QUALIFYING TIME	2 ND RELAY	*QUALIFYING TIME
			EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10	EVENT CODE	MIN: SEC. 1/10
	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)			,			RELAY TE (15 CHA	AM NAME R. MAX)		EAM NAME IAR. MAX)
1							R1.		R2.	
							кі.		κΖ.	
2						<u> </u>	R1.		R2.	
3				I			R1.	1	R2.	
4										
						1	R1.		R2.	1
5										
							R1.		R2.	
6						<u> </u>	R1.		R2.	<u> </u>
7				I		1	R1.	1	R2.	1
8										
						1	R1.	:	R2.	1
9										
						I	R1.		R2.	
10							R1.		R2.	<u> </u>

2015 DISTRICT TEAM FOOTBALL (SOCCER) REGISTRATION

Please Print Clearly:					
Agency Number:	Agency Name:				
*Head Coach:		W: ()		H: <u>(</u>)
Fax: ()	E-mail:	(City)		(State) (Zip
	nber while at the Tournam				
	RM TO THE HOST REGION				INE DATE!
I	I have verified that all chape approved SOWI CI			are	
	unique name, up to 15 char		_		
New Team	Existing Team				
	ATHLETE NAMES (ALPHABETICAL: LAST NAM			M/F	AGE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

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

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games \Box (check $\sqrt{}$).

2015 DISTRICT TEAM FOOTBALL (SOCCER) ATHLETE ROSTER

LIST ALL SOCCER 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:				

2015 OUTDOOR SPORTS TOURNAMENT SEASON OVERVIEW EVENT DESCRIPTIONS

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

1. BOCCE

Event CodeEvent DescriptionBCTEAMTeam Competition

2. GOLF

Event CodeEvent DescriptionGFASTMAlternate Shot Team Play – Level 2GOUNIFUnified® Sports Team Play (9 Hole) Level 3 – no longer offered as an SOWI eventGFSING9Individual Stroke Play (9 Hole) – Level 4GFSING18Individual Stroke Play (18 Hole) – Level 5 – no longer offered as an SOWI event

1. SOFTBALL

- Event Code Event Description
- A. SBTEAM Team Softball Competition
- B. SBTEEB Tee Ball Competition

3. TENNIS

Event Code Event Description 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, 2015 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. <u>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.</u>
- 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, 2015.
- 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!

23D REGIONAL, DISTRICT & SECTIONAL EVENT INFORMATION

2015 DISTRICT TEAM SOFTBALL REGISTRATION ATHLETE ROSTER

1100001	rint Clearly:				
Agency N	lumber:	Agency Name:			
Head Coa	ach:		W: <u>()</u>	H: <u>(</u>)
Fax: ()	E-mail:	(City)	(State	e) (Zip)
		per while at the Tournam			
RET		I TO YOUR HOST REGIO e verified that all chaperon SOWI Class A certif		ament are approved	DLINE DATE!
		ique name, up to 15 char a		 e must be used at all	competitions.
	New Team	Existing Te	am		
	(A	ATHLETE NAMES ALPHABETICAL: LAST NAME,	FIRST)	M/F	AGE
1.					
2.					
3. 4.					
4. 5.					
6.					
υ.					
7.					
7.					
7. 8. 9. 10.					
7. 8. 9. 10. 11.					
7. 8. 9. 10. 11. 12.					
7. 8. 9. 10. 11.					

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

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games \Box (check $\sqrt{}$).

(OVER)

2015 DISTRICT TEAM SOFTBALL

Please Print Clearly:

Agency Number:	Agency Name:	
Team Name:		
Total agency number of co	aches 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

LIST ALL SOFTBALL GAMES PLAYED THIS SEASON

No

(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:				

2015 TEAM TEE BALL* REGISTRATION ATHLETE ROSTER

Please Print (Clearly:							
Agency Numb	oer:	Agency	Name:					
Head Coach:				W: ()	<u> </u>	()	
Address:								
					(City)	(\$	State)	(Zip)
		er while at th						
				•	•	PUBLISHED DE		
	I	have verified approved SO	that all chape WI Class A ce		-			
Team Nan						 must be used a	at all comp	etitions.
	am 🗌	Existing Tea	m					
New Tea	am 🗌	Existing Tea						
		-	ENAMES	RST)		M/F		AGE
		ATHLETI	ENAMES	RST)		M/F	ļ	AGE
New Tea 1. 2.		ATHLETI	ENAMES	RST)		M/F		AGE
New Tea		ATHLETI	ENAMES	RST)		M/F		AGE
New Tea 1. 2. 3. 4.		ATHLETI	ENAMES	RST)		M/F		AGE
New Tea 1. 2. 3. 4. 5.		ATHLETI	ENAMES	RST)		M/F		AGE
New Tea 1. 2. 3. 4.		ATHLETI	ENAMES	RST)		M/F		AGE
New Tea 1. 2. 3. 4. 5. 6.		ATHLETI	ENAMES	RST)		M/F		AGE
New Tea 1. 2. 3. 4. 5. 6. 7.		ATHLETI	ENAMES	RST)		M/F		AGE
New Text 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.		ATHLETI	ENAMES	RST)		M/F		AGE
New Tea 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.		ATHLETI	ENAMES	RST)		M/F		AGE
New Tea 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.		ATHLETI	ENAMES	RST)		M/F		AGE
New Tea 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.		ATHLETI	ENAMES	RST)		M/F		AGE

*Beginning in 2014, tee ball will only be offered at the District level, in conjunction with the Region 8 District Tournament.

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

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games \Box (check $\sqrt{}$).

(OVER)

2015 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:				

2015 DISTRICT GOLF REGISTRATION ATHLETE ROSTER

Please Print Clearly:					
Agency Number:Agency Name:					
**Head Coach:	_W: ()	<u> </u>			
Address:					
Fax: <u>(</u> 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 tourn	ament? 🗌 Yes	🗌 No			

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

I have verified that all chaperones attending the tournament are

approved SOWI Class A certified volunteers \Box (check $\sqrt{}$).

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	UNIFIED ATHLETE [x]	EVENT CODE	*AVERAGE SCORE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

*Average of six scores recorded on following pages

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

<u>Unified Sports Medical Form</u>: 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.

2015 DISTRICT GOLF ATHLETE REGISTRATION LEVEL 2 – ALTERNATE SHOT

Please Print Clearly:

Agency Number: ______ Agency Name: _____

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

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.

* Team Name: _ _ _ _ _ _ _ _ _ _ _ _
** Athlete Names (Alphabetical: Last Name, First) Team Average 1
2
Six most recent nine-hole scores: Course Par: Course Length (yards):
* Team Name: _ _ _ _ _ _ _ _ _ _
** Athlete Names (Alphabetical: Last Name, First) Team Average 1
2
Six most recent nine-hole scores: Course Par: Course Length (yards):
* Team Name: _ _ _ _ _ _ _ _ _ _
** Athlete Names (Alphabetical: Last Name, First) Team Average 1
2
Six most recent nine-hole scores: Course Par: Course Length (yards):

*Teams must have a unique name up to **15 characters long**. The name will remain the same for all competition. **Athlete names and partner athlete names must also appear on your golf athlete roster.

2015 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.

Six most recent nine-hole scores:	
Six most recent nine-hole scores:	
*Athlete Name (Last Name, First) 3 Six most recent nine-hole scores: Course Par: Course Length (yards):	
*Athlete Name (Last Name, First) 4 Six most recent nine-hole scores: Course Par: Course Length (yards):	
*Athlete Name (Last Name, First) 5 Six most recent nine-hole scores: Course Par: Course Length (yards):	

2015 DISTRICT/REGIONAL TEAM BOCCE REGISTRATION ATHLETE ROSTER

Fax: () <u>Cell phone contact number while at</u> RETURN THIS FORM TO THI I have verifie approved						
Address: Fax: <u>()</u> <u>Cell phone contact number while at</u> RETURN THIS FORM TO THI I have verifie approved						
Fax: () <u>Cell phone contact number while at</u> RETURN THIS FORM TO THI I have verifie approved		_W: ()	H: ()	
Fax: () <u>Cell phone contact number while at</u> RETURN THIS FORM TO THI I have verifie approved		(0	:	(04-	ate)	(Zip)
l have verifie approved	E-mail:	(C	ity)	(512	ite)	(ZIP)
l have verifie approved	the Tournament	:()				
	E HOST REGION	OFFICE BY	THE PUB	LISHED DEAD	LINE DATE	!
Substitution rules will regulate the use	SOWI Class A cert sters of four, five o of the 5 th or 6 th pla e up to 15 characte	ified volunte r six athlete: ayers.	eers (c s; however	heck √). [.] only four may	·	
	ATHLETE NAMES Etical: Last Name	, FIRST)		WHEELCHAIR (X)	INDIVIDUAL **BOSAT SCORE	
BOSAT Team Average: (or	alv top four scores	t) *** Rank:		(your teams fr		ncv)

**See bocce rules for BOSAT calculations.

[†]Better scores have a lower numerical value.

***If registering multiple teams, please rank them utilizing one to indicate the top team, two for second best, etc.

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games \Box (check $\sqrt{}$).

(OVER)

2015 DISTRICT/REGIONAL TEAM BOCCE

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/cl	naperone 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 **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 GAME	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				