

# **2015 STATE WINTER GAMES**

## **EVENT DESCRIPTION**

*Athletes can be entered in only one of the four sports offered at the State Winter Games.*

### **OFFICIAL EVENTS OFFERED**

#### **ALPINE SKIING (three-event limit)**

<i>Event Code</i>	<i>Event Description</i>
ASSUGL	Alpine Super Glide**
ASINSG	Alpine Intermediate Super G
ASINSL	Alpine Intermediate Slalom
ASINGS	Alpine Intermediate Giant Slalom

#### **1. CROSS COUNTRY SKIING (three-event limit)**

<i>Event Code</i>	<i>Event Description</i>
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

**\*\*May not compete in super Giant Slalom, Slalom or Super G**

#### **2. SNOWBOARDING (three-event limit)**

<i>Event Code</i>	<i>Event Description</i>
SBSUGL	Snowboard Super Glide**
SBINSG	Snowboard Intermediate Super G
SBINSL	Snowboard Intermediate Slalom
SBINGS	Snowboard Intermediate Giant Slalom

#### **3. SNOWSHOE RACING (three-event limit)**

<i>Event Code</i>	<i>Event Description</i>
SN050M	50m Race
SN100M	100m Race
SN200M	200m Race
SN400M	400m Race
SN800M	800m Race
SN4X100M	4X100m Relay
SN4X200M	4X200m Relay
SN4X400M	4X400m Relay

**ADDITIONAL "DAY PASS" COACHES** – Please list any additional coaches who will be participating in the State Games, but are unable to travel as part of the delegation. Additional coaches must be Class A volunteers, and **MUST** have coached for the duration of the season. All names must be submitted at the time registration is due. Names cannot be added at a later date. Additional Coaches must check-in at Tournament Central before each game or event to check out a "Day Pass" which must be worn while coaching and then returned back to Tournament Central. Additional coaches will not affect the 4:1 ratio and will not be included in any meal plans.

### **ELIGIBILITY FOR WINTER SPORTS SEASON PARTICIPATION**

1. Valid Official Special Olympics Release Form and Application For Participation in Special Olympics on file in the Headquarters office postmarked by **December 1, 2014** to remain valid through **January 25, 2015**.
2. Athlete must have participated in at least eight weeks of official Special Olympics training prior to State competition.
3. If a cross country skiing athlete competes in the 50m and/or 100m race, s/he may not be in any other races.

## HOUSING:

A room block has been set up at the Plaza Hotel in Wausau. Agencies wishing to reserve housing for their delegation should indicate the number of rooms needed on the registration form. SOWI will be responsible for booking those rooms, and they will be added to the SOWI direct bill at a rate of \$99 per room, not including taxes or incidentals. Agencies have the option to book their own rooms, however, the discounted rate will not apply and these rooms cannot be direct billed to SOWI. A cancellation fee of \$40.00 will apply to all rooms.

## COMPETITION SITES:

Granite Peak at Rib Mountain State Park:  
Nine Mile Forest:

Downhill Skiing and Snowboarding  
Cross Country Skiing and Snowshoe Racing

## MEALS:

Saturday & Sunday, January 24 & 25

Saturday Lunch and Dinner; Sunday Breakfast

## COST: DELEGATES ARE THE ATHLETES, COACHES AND CHAPERONES

Plan B	Competition & Meals	\$28.00 per delegate
Plan C	Competition & Saturday Lunch	\$ 8.00 per delegate
	Sunday Lunch	\$ 8.00 per delegate

## SPECIAL EVENTS:

- Saturday Ceremony and Dance

# 2015 STATE WINTER GAMES REGISTRATION

## FORMS AND FEES CHECKLIST

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

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

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:** (\_\_\_\_\_) \_\_\_\_\_

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY THE DEADLINE DATE!**

CHECKLIST OF ENCLOSURES:		DELEGATES:		TOTAL NUMBER
<input type="checkbox"/>	Chaperone Roster	Male Athletes w/o wheelchairs		SUBTOTAL
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs		
<input type="checkbox"/>	Cross Country Athlete Roster	Male Coaches / Chaperones		
<input type="checkbox"/>	Cross Country Relay Form	Female Athletes w/o wheelchairs		SUBTOTAL
<input type="checkbox"/>	Alpine Skiing Athlete Roster	Female Athletes w/ wheelchairs		
<input type="checkbox"/>	Snowshoe Athlete Roster	Female Coaches / Chaperones		
<input type="checkbox"/>	Snowshoe Relay Form	TOTAL M + F DELEGATES		

**REGISTRATION FEES** – Entire Agency MUST register for one plan. No exceptions!

Plan B: competition & meals (does not include rooms) \$ 28.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

Plan C: Day Of: competition & Saturday lunch \$ 8.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

Sunday lunch (not included w/registration) \$ 8.00 x \_\_\_\_\_ Total Delegates = \$ \_\_\_\_\_

Hotel Rooms \$ 99.00 x \_\_\_\_\_ Total Rooms = \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Date: \_\_\_\_\_

☐ In-House Account (Funds will be automatically transferred, including any incidental charges incurred by the Agency)

☐ Non In-House Accounts: Check # \_\_\_\_\_

☐ Included in Packet ☐ Will Send to SOWI

### MEALS

MEALS:		TOTAL NUMBER
Saturday Lunch		
Saturday Dinner		
Sunday Breakfast		
Sunday Lunch (separate fee)		

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

Head Delegate Signature

Date

Regional Office Signature

Date

## COACH – CHAPERONE ROSTER

AGENCY # \_\_\_\_\_

Please list the coaches and chaperones who will be accompanying your group. 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.

### 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 the entry deadline date.

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.

### \*PLEASE INDICATE CERTIFIED COACHES AND SELECT ONE SPORT THEY ARE CERTIFIED IN AND COACHING FOR THE STATE GAMES.

The roster must be typed or printed clearly.

CERTIFIED COACHES		M / F	SPORT CERTIFICATION Circle ONE	W/C [X]	AAC [X]
1.			ALP / SB / SS / XC	<input type="checkbox"/>	<input type="checkbox"/>
2.			ALP / SB / SS / XC	<input type="checkbox"/>	<input type="checkbox"/>
3.			ALP / SB / SS / XC	<input type="checkbox"/>	<input type="checkbox"/>
4.			ALP / SB / SS / XC	<input type="checkbox"/>	<input type="checkbox"/>
5.			ALP / SB / SS / XC	<input type="checkbox"/>	<input type="checkbox"/>
6.			ALP / SB / SS / XC	<input type="checkbox"/>	<input type="checkbox"/>
7.			ALP / SB / SS / XC	<input type="checkbox"/>	<input type="checkbox"/>
8.			ALP / SB / SS / XC	<input type="checkbox"/>	<input type="checkbox"/>

CHAPERONES		M / F	W/C [X]
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>
6.			<input type="checkbox"/>
7.			<input type="checkbox"/>
8.			<input type="checkbox"/>

"DAY PASS" COACHES <small>**PLEASE SEE EVENT DESCRIPTION FOR SPECIFICS**</small>		M / F	W/C [X]
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>

"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."

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Head Delegate Signature