

2014 STATE OUTDOOR SPORTS TOURNAMENT

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED: Athletes can only be entered in one sport.

1. BOCCE

<i>Event Code</i>	<i>Event Description</i>
BCTEAM	Team Competition

3. SOFTBALL

<i>Event Code</i>	<i>Event Description</i>
SBTEAM	Team Softball Competition

2. GOLF

<i>Event Code</i>	<i>Event Description</i>
GFASTM	Alternate Shot Team Play – Level 2
GOUNIF	Unified® Sports Team Play (9 Hole) Level 3
GFSING9	Individual Stroke Play (9 Hole) – Level 4
GFSING18	Individual Stroke Play (18 Hole) – Level 5

4. TENNIS

<i>Event Code</i>	<i>Event Description</i>
TNSING	Singles

****NEW** 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 OUTDOOR SPORTS TOURNAMENT PARTICIPATION

- Valid Official Special Olympics Release Form, Application For Participation in Special Olympics and Unified Sports® Partner Application on file in the Headquarters office postmarked by **June 1, 2014** to remain valid through **August 3, 2014**. Note: Even though golf alternate shot partners do not function in the same role as Unified Sports® partners, golf alternate shot partners must have a valid Unified Sports® Partner Application for Participation Form on file with the Headquarters office, postmarked by the OST medical deadline.
- 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.
- SOWI will issue a team State quota for each district tournament based on total 2014 participation statewide.
- Golf district competition will receive quota by registration numbers for the State Outdoor Sports Tournament.
- All athletes who have met the training requirements for Tennis are eligible to register for State Competition.

LOCATION:

Housing:	Carroll University
Housing Available:	Friday, August 1 and Saturday, August 2

COMPETITION:

Carroll University	Bocce, Tennis, and Softball
Moor Downs Golf Course	Golf
Saratoga Softball Complex	Softball

COST:

Delegates are all athletes, coaches and chaperones.

Plan A	Housing:	\$52.00 per delegate	Housing, competition, all meals except Sun. lunch
Plan B	No housing:	\$28.00 per delegate	Competition & all meals except Sun. lunch
Plan C	Day Of:	\$ 8.00 per delegate	Competition & Saturday lunch
	Lunch: Saturday	\$ 8.00 per delegate	

* Agencies located within 30 miles of Waukesha must choose Plan B or C.

SPECIAL EVENTS:

- Ceremony
- Dance
- Healthy Athletes

2014 STATE OUTDOOR SPORTS TOURNAMENT 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 (no P.O. Box Numbers) is correct 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)	
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs	SUBTOTAL
<input type="checkbox"/>	Softball Entry Form(s)	Male Coaches / Chaperones	
<input type="checkbox"/>	Bocce Form(s)	Female Athletes (w/o wheelchairs)	
<input type="checkbox"/>	Tennis Entry Form(s)	Female Athletes w/ wheelchairs	SUBTOTAL
<input type="checkbox"/>	Golf Entry Form(s)	Female Coaches / Chaperones	
		TOTAL M + F DELEGATES	

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

Plan A: Housing: Competition & all meals (except Sun. lunch) \$52.00 x _____ Total Delegates = \$ _____

Plan B: No Housing: Competition & all meals (except Sun. lunch) \$28.00 x _____ Total Delegates = \$ _____

Plan C: No Housing: Competition & Sat. lunch \$8.00 x _____ Total Delegates = \$ _____

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

Total=\$ _____

☐ In-House Account: ☐ Invoice Approval form with 2 signatures enclosed ☐ Will Send to SOWI

☐ Non In-House Accounts: Check # _____ ☐ Included in Packet ☐ Will Send to SOWI

* Agencies within 30 miles of Waukesha must choose Plan B or C Date _____

***If your delegation is providing its own housing at a hotel, please name: _____

HOUSING & MEALS

HOUSING:		TOTAL NUMBER	MEALS:	TOTAL NUMBER
Friday Night	Males:		Friday Dinner	
	Females:		Saturday Breakfast	
Saturday Night	Males:		Saturday Lunch	
	Females:		Saturday Dinner	
	Males:		Sunday Breakfast	
	Females:		Sunday Lunch (added cost)	

Shuttle service will be provided throughout the State Outdoor Sports Tournament.

"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 ration that is between 3:1 and 4:1. Prior approval must be received from you 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 writing AAC next to their name.

***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	W/C [X]
1.			SB / GLF / BCE / TNS	<input type="checkbox"/>
2.			SB / GLF / BCE / TNS	<input type="checkbox"/>
3.			SB / GLF / BCE / TNS	<input type="checkbox"/>
4.			SB / GLF / BCE / TNS	<input type="checkbox"/>
5.			SB / GLF / BCE / TNS	<input type="checkbox"/>
6.			SB / GLF / BCE / TNS	<input type="checkbox"/>
7.			SB / GLF / BCE / TNS	<input type="checkbox"/>
8.			SB / GLF / BCE / TNS	<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."

Head Delegate Signature _____

Date _____