

2011 STATE FALL SPORTS TOURNAMENT

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. BOWLING
 - a. Ramp (Singles)
 - b. Individual (Singles)
 - c. Doubles (Any combination of males and females)
 - d. Team (Any combination of males and females)

2. Volleyball
 - a. Team Competition

NOTE: Athletes can compete in only one of the events offered at the State Fall Sports Tournament. Volleyball players competing in the State competition cannot be bowling in doubles or team competition at the District level. Use of an absentee or vacancy score is not intended for this purpose.

ELIGIBILITY FOR STATE FALL SPORTS TOURNAMENT PARTICIPATION

1. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics on file in the Headquarters office prior to **October 1, 2011** to remain valid through **December 3, 2011**

2. 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 aa Regional tournament. (The 15-game average can be based on any documented games which have taken place since the completion of last year's State bowling tournament.)

3. Athletes must place first, second or third at a sectional tournament to be eligible to advance to the State bowling tournaments. Teams missing a player may not advance.

4. Volleyball 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.

HOUSING

Housing is not provided by SOWI; however, rooms have been blocked under the name "Special Olympics" at the following hotels:

Note: all hotels have a November 18, 2011 release date

Sheraton Milwaukee Brookfield : Rate: \$73 night
375 S. Moorland Rd.
Brookfield, WI 53005
262-364-1100

Brookfield Suites Hotel: Rate \$104 night
1200 S. Moorland Rd.
Brookfield, WI 53005
800-444-6404 262-796-9118

Super 8: Rate: 1 person \$55 night
2510 Plaza 2 people \$65 night
Waukesha, WI 53186
262-786-6015 800-641-1000
www.selectinn.com

Milwaukee Marriott West: Rate \$75 night
W231 N1600 Corporate Ct
Waukesha, WI 53188
800-228-9290 262-574-0888
www.marriotthotels.com

Best Western Waukesha: Rate 1 person \$60 night
2840 N Grandview Blvd 2 people \$64 night
Pewaukee, WI 53072
800-937-8376 262-524-9300
www.bestwestern.com

Ramada Limited: Rate 1-2 people \$55 night
2111 E Moreland Blvd 3 people \$65 night
Waukesha, WI 53186 4 people \$75 night
800-272-6232 262-547-7770 Suite \$99 night
www.ramada.com

Country Springs: Rate 1-2 people \$89 night
2810 Golf Rd 3 people \$99 night
Pewaukee, WI 53072 4 people \$109 night
888-540-7016 262-547-0201 Suite \$159 night
www.countrysprings.com

Comfort Suites: Rate \$89 night
N14 W24121 Tower Place
Pewaukee, WI 53072
888-506-2005 262-506-2000
www.lakecountrycorner.com

Radisson Milwaukee Pewaukee: Rate 1-2 people
N14 W24140 Tower Place \$109 night
Pewaukee, WI 53072
800-333-3333 262-506-6300
www.radisson.com/pewaukee

Price Point Inn: Rate \$59 night
532 Bluemound Rd
Waukesha, WI 53188
262-524-7996 414-350-4011

Weston Inn & Suites: Rate \$84 night
5810 Schofield Ave
Weston, WI 53476
866-912-9955 715-355-9955

Double Tree Hotel Rate \$89 night
18155 W Bluemound Rd.
Brookfield, WI 53045
262-792-1212 800-222-TREE
www.milwaukeebrookfield.doubletree.com

LOCATION:

Venue Sites: (Southern)

AMF Bowlero Lanes, Wauwatosa
AMF Waukesha Lanes, Waukesha
Center Court Sports Complex, Waukesha

(Northern)

Weston Lanes, Weston, WI

COST: DELEGATES ARE THE ATHLETES, COACHES AND CHAPERONES

Plan C: Day Of: \$8.00 per delegate

2011 STATE FALL SPORTS TOURNAMENT REGISTRATION

FORMS AND FEES CHECKLIST

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Phone Number: (_____) _____ Fax: (_____) _____

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: _____

Cell phone contact number while at the Games: (_____) _____

Tournament attending: **Northern** (Eau Claire & Green Bay regional participants)
 Southern (Madison & Milwaukee regional participants)

**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		SUBTOTAL
<input type="checkbox"/>	Registration Fees	Male Wheelchair Athletes		
<input type="checkbox"/>	Bowling Athlete Roster	Male Chaperones		
<input type="checkbox"/>	Volleyball Team Registration Form(s)	Female Athletes		SUBTOTAL
		Female Wheelchair Athletes		
		Female Chaperones		
		TOTAL M + F DELEGATES		

REGISTRATION FEES

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

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

Date: _____

MEALS

MEALS:	TOTAL NUMBER
Saturday Lunch	

“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.

***PLEASE INDICATE CERTIFIED COACHES BY LISTING THE SPORT THEY ARE CERTIFIED IN**

The roster must be typed or printed clearly.

CERTIFIED COACHES		M / F	SPORT CERTIFICATION	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"/>

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"/>

ATHLETES – AS – COACHES ROSTER

An athlete listed below must meet all of the criteria for the SOWI Athletes-As-Coaches (AAC) program. 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).

MALES		W/C [X]	FEMALES		W/C [X]
1.		<input type="checkbox"/>	1.		<input type="checkbox"/>
2.		<input type="checkbox"/>	2.		<input type="checkbox"/>
3.		<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 _____