

2012 STATE WINTER GAMES

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED

ALPINE SKIING (three-event limit)

1. Super Glide**
2. Super Giant Slalom
3. Slalom
4. Giant Slalom

SNOWBOARDING (three-event limit)

1. Super Glide **
2. Slalom
3. Giant Slalom
4. Super Giant Slalom

CROSS COUNTRY SKIING (three-event limit)

1. 50m Race
2. 100m Race
3. 500m Race
4. 1km Race
5. 3km Race
6. 5km Race
7. 7.5km Race
8. 4 x 500m Relay Race

SNOWSHOE RACING (three-event limit)

1. 50m Race
2. 100m Race
3. 200m Race
4. 400m Race
5. 800m Race
6. 4X100m Relay Race
7. 4X200m Relay Race
8. 4X400m Relay Race

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

****May not compete in super Giant Slalom, slalom or giant slalom**

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 prior to **December 1, 2011** to remain valid through **January 30, 2012**.
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, he/she may not be in any other races.

HOUSING:

A room block has been set up at the Holiday Inn for the agencies wishing to stay in Wausau. Agencies must make their own housing arrangements by calling (715) 355 - 1111 . The Opening Ceremony and meals will be available at the Holiday Inn. Extra rooms may also be available at the Stoney Creek Inn by calling (715) 355 - 6858.

COMPETITION SITES:

Granite Peak at Rib Mountain State Park:	Downhill Skiing and Snowboarding
Nine Mile Forest:	Cross Country Skiing and Snowshoe Racing

MEALS:

Saturday & Sunday, January 29 & 30	Saturday Lunch and Dinner; Sunday Breakfast
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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

2012 STATE WINTER GAMES 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: (_____) _____

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		
<input type="checkbox"/>	Registration Fees	Male Wheelchair Athletes		SUBTOTAL
<input type="checkbox"/>	Cross Country Athlete Roster	Male Chaperones		
<input type="checkbox"/>	Cross Country Relay Form	Female Athletes		
<input type="checkbox"/>	Alpine Skiing Athlete Roster	Female Wheelchair Athletes		SUBTOTAL
<input type="checkbox"/>	Snowshoe Athlete Roster	Female 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 \$ 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 = \$ _____
 Total \$ _____

Date: _____

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

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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 ration 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 allowed. All chaperones must be approved, active SOWI Class A approved 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 _____