

2012 STATE OUTDOOR SPORTS TOURNAMENT

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. Softball [12" Slow Pitch]
 - a. Team
2. Tee Ball
3. Tennis
 - a. Singles
4. Golf [Can only be in one level]
 - b. Level 2 – Alternate Shot
 - c. Level 3 – Unified Team Play
 - d. Level 4 – 9 Hole Stroke Play
 - e. Level 5 – 18 Hole Stroke Play
5. Bocce
 - a. Team [four-person]

NOTE: Athletes can compete in only one of the five sports offered at the State Outdoor Sports Tournament.

ELIGIBILITY FOR OUTDOOR SPORTS TOURNAMENT PARTICIPATION

- 1 Valid Official Special Olympics Release Form, Application For Participation in Special Olympics and Unified Sports® Partner Application on file in the Headquarters office prior to **June 15, 2012** to remain valid through **August 5, 2012**. 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 Program office by the OST medical deadline.
- 2 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.
- 3 SOWI will issue a team State quota for each district tournament based on total 2012 participation statewide.
- 4 Golf and tennis district competition will receive quota by registration numbers for the State Outdoor Sports Tournament.

LOCATION:

Housing: UW – Eau Claire Residence Halls
Housing Available: August 5 & 6, 2011

COMPETITION:

| | |
|---------------------------|-----------------------|
| UW – Eau Claire Campus | Tennis |
| Hickory Hills Golf Course | Golf |
| Bollinger Complex | Softball and Tee Ball |

COST:

Plan A **Delegates are all athletes, coaches and chaperones**
Housing: \$52.00 per delegate housing, competition, all meals except Sun. lunch

| | | |
|--------|---------------|--|
| Plan B | No Housing: | \$28.00 per delegate competition & all meals except Sunday lunch |
| Plan C | Saturday: | \$ 8.00 per delegate Saturday lunch and competition |
| | Sunday lunch: | \$ 8.00 per delegate (not included in registration) |

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

SPECIAL EVENTS:

- Ceremony and Dance
- Welcoming Picnic/Music
- Healthy Athletes

2012 STATE OUTDOOR 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: (_____) _____

**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"/> Softball/Tee Ball Entry Form(s) | Male Chaperones | | SUBTOTAL |
| <input type="checkbox"/> Bocce Form(s) | Female Athletes | | |
| <input type="checkbox"/> Tennis Entry Form(s) | Female Wheelchair Athletes | | SUBTOTAL |
| <input type="checkbox"/> Golf Entry Form(s) | Female 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: Day Of: Competition & Saturday lunch \$ 8.00 x _____ Total Delegates = \$ _____

Sunday lunch (not included w/registration) \$ 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

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

HOUSING & MEALS

| HOUSING: | TOTAL NUMBER | MEALS: | TOTAL NUMBER |
|----------------|--------------|-----------------------------|--------------|
| Friday Night | Males: | Friday Dinner | |
| | Females: | Saturday Breakfast | |
| Saturday Night | Males: | Saturday Lunch | |
| | Females: | Saturday Dinner | |
| | | Sunday Breakfast | |
| | | Sunday Lunch – Separate fee | |

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 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 _____