2017 FALL SPORTS SEASON OVERVIEW - BOWLING
EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. BOWLING

Event Code	*Event Description*
BWLDEV	Developmental Singles & Ramp (one person) (non-advancing, regional only)
BOSINR	Ramp - Single (one person)
BOSING	Singles (one person)
BODBLE	Doubles (two person)
BOTEAM	Team Bowling (four person)

ELIGIBILITY FOR FALL SPORTS SEASON PARTICIPATION

1. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics Application on file in the Headquarters office postmarked by **October 1, 2017** and remain valid through **the date of the regional competition.**

2. To be eligible to advance to the State Bowling Tournament, an athlete's Application for Participation must remain valid through the **date of the State Bowling Tournament you are attending**.

3. Athletes must participate in eight weeks of training prior to competition.

4. 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 a Regional tournament. (The 15-game average can be based on any documented games which have taken place since the competition of last year's state bowling tournament.)

5. Individual bowlers using a ramp **MUST** be registered as a ramp bowler (BOSINR).

PLEASE READ FORMS CAREFULLY!

Regional/District/Sectional Games Registration Checklist

Please take the time to go through this checklist when filling out your registrations. This will help prevent mistakes and help process your registration faster.

This checklist is meant to be a useful tool to help you with games registrations and may not be an all-encompassing list. Please make sure to review rules and policies for each sport and game.

Contact Information:

- ☐ Enter contact information for person who will be receiving all email and mailings regarding tournament information
- ☐ Name and phone number for main contact at tournament
    - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

Athlete Rosters:

- ☐ Fill out rosters for the sport you will be competing in.
- ☐ Confirm
    - All athlete names entered and all events they will be participating entered
    - All times/scores/distances are correctly entered
    - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
    - Scores for qualifying games entered for team sports.
        - If played more than the minimum number of games, please list all games played. This will help provide information when divisioning.
    - Team names and Relay names are correct
- ☐ Medicals
    - Confirm all athlete medicals are current for the Games.
    - Any questions regarding medical status of athletes, please contact your Regional Athletic Director or our Athlete Records Manager (608-442-5677)
- ☐ Special Needs Forms
    - Submit Special Needs Forms for any athlete needing this (ex: non-verbal, behavior issues, etc). *Special Needs Forms must be submitted separate for each level of competition.*

Coach/Chaperone Roster:

- ☐ CONFIRM:
    - All coaches are current class A Volunteers and have completed the General Coach's Orientation
    - All chaperones are current class A Volunteers
- ☐ If questions regarding class A or coach certification status, please contact your Regional Athletic Director or Volunteer Records Manager (608-442-5675)

Athlete to Chaperone Ratio:

- ☐ Confirm that you are following the 3:1-4:1 ratio for your registration packet
    - If dividing between two registration plans, this ratio must be followed for each packet
- ☐ Special Needs forms for athletes requesting 1:1 chaperones filled out and sent in with registration packet.
- ☐ If requesting 1:1 Chaperones for any of your athletes, take those athletes and chaperones out of your numbers and confirm your ratio still fits for the remaining athletes and coaches/chaperones.

Uniforms:

- ☐ Verify that all athletes have legal uniforms
    - Refer to the individual sport rules and the Uniform Requirements located in the appendices of the Competition Guide

2017 REGIONAL BOWLING REGISTRATION
ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ W: (_____) _____ H: (_____) _____

Address: _____
(City) (State) (Zip)

Fax: (_____) _____ E-mail: _____

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

Additional email you would like games information sent to: _____

RETURN THIS FORM TO YOUR REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers ☐ (check √).

Reminder: *athlete to coaches/chaperone ratio is minimum of 4:1*

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	15 GAME AVERAGE	WHCH [X]	TEAM OR DOUBLES NAME 15 CHARACTER LIMIT
1				☐	
2				☐	
3				☐	
4				☐	
5				☐	

Athletes can be entered in only one event.
**Registration information for this Regional event will be sent to the person listed as head coach.

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	15 GAME AVERAGE	WHCH [X]	TEAM OR DOUBLES NAME 15 CHARACTER LIMIT
6				☐	
7				☐	
8				☐	
9				☐	
10				☐	
11				☐	
12				☐	
13				☐	
14				☐	
15				☐	
16				☐	
17				☐	
18				☐	
19				☐	
20				☐	
21				☐	
22				☐	
23				☐	
24				☐	
25				☐	

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