OFFICIAL EVENTS OFFERED:
1. **BOWLING**

<table>
<thead>
<tr>
<th>Event Code</th>
<th>Event Description</th>
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<tr>
<td>BWLDEV</td>
<td>Developmental Singles &amp; Ramp (one person)</td>
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<tr>
<td>BOSINR</td>
<td>Ramp – Singles (one person)</td>
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<tr>
<td>BOSING</td>
<td>Singles (one person)</td>
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<tr>
<td>BODBLE</td>
<td>Doubles (two person)</td>
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<tr>
<td>BOTEAM</td>
<td>Team Bowling (four person)</td>
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</table>

ELIGIBILITY FOR STATE BOWLING TOURNAMENT PARTICIPATION
1. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics on file in the Headquarters office postmarked by to **October 1, 2019** to remain valid through **date of the State Bowling Tournament you are attending**.

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 a 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 regional tournament to be eligible to advance to the State bowling tournaments. Teams missing a player at the regional level may not advance.

COST: FEES ARE CHARGED ONLY FOR **ATHLETES ATTENDING**

Plan C: Day Of: $8.00 per athlete

LUNCH: Currently lunch is not provided at this event.
REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:

NORTHEASTERN TOURNAMENT
November 3, 2019 (Registration due: October 21)
Ashwaubenon Lanes- Green Bay
Willow Creek Lanes – Green Bay
Regions 4 & 5
Host: Region 5
Carla Lieb
clieb@specialolympicswisconsin.org
920-497-2422
920-497-0126 fax

SOUTHWESTERN TOURNAMENT
November 2, 2019 (Registration due: October 21)
Bowl-A-Vard Lanes – Madison
Prairie Lanes – Sun Prairie
Regions 6 & 7(western)
Host: Region 6
Nicole Christensen
nchristensen@specialolympicswisconsin.org
608-442-5670
608-222-3578 fax

SOUTHEASTERN TOURNAMENT
November 18, 2019 (Registration due: October 30)
Bowlero Lanes - Wauwatosa
Region 7(eastern) & 8
Host: Region 8
Amber Weinfurter
aweinfurter@specialolympicswisconsin.org
608-442-5682
608-222-3578 fax
2019 FALL STATE COMPETITIONS REGISTRATION - BOWLING
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 is correct (no P.O. box Numbers) and the form complete.
Name: ____________________________________________
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: (_____) ___________________
Additional email address to send games information: ____________________________________

RETURN THIS FORM TO THE REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS
BY THE DEADLINE DATE!

CHECKLIST OF ENCLOSURES: DELEGATES: TOTAL NUMBER
☐ Registration Fees Male Athletes (w/o wheelchairs) SUBTOTAL
☐ Bowling Athlete Roster Male Athletes w wheelchairs

Female Athletes (w/o wheelchairs) SUBTOTAL
Female Athletes w wheelchairs

TOTAL M + F DELEGATES

REGISTRATION FEES
Plan C: Day Of: competition $ 8.00 x _______ Total Athletes = $____________________

Fees will be taken out of the agency in-house account, if one exists. Invoices will be sent to those that do not have an in-house account. All transactions will take place after the event date.
You do not have to list all the coaches and chaperones attending these games with your agency. But please remember:

- 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.
- Chaperones/coaches must be 16 years of age or older.
- All chaperones/coaches must be approved, active SOWI Class A volunteers by the entry deadline date.
- The Athletes-As-Coaches 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).

“I verify that all coaches and chaperones in attendance are 16 years of age or older and are Class A approved. All coaches are current on certification. In addition, all Athletes-As-Coaches listed above meet the criteria for the AAC Program.”

“I have checked the above information and found it to be complete and accurate.”

Agency Manager Signature

[Signature]

Date

Regional Office Signature

[Signature]

Date
## 2019 FALL STATE COMPETITIONS - BOWLING
### BOWLING ATHLETE ROSTER

Please Print Clearly:
Agency Number: ___________________ Agency Name: ___________________

Head Coach: ___________________ Cell #: ___________________

RETURN THIS FORM TO THE HOST OFFICE WITH STATE REGISTRATION MATERIALS BY PUBLISHED DEADLINE DATE!

Please Note:
1. Athletes must be listed in alphabetical order by last name.
2. Athletes can only participate in one event.

<table>
<thead>
<tr>
<th>ATHLETE NAME (LAST NAME, FIRST NAME)</th>
<th>M/F</th>
<th>WHEELCHAIR [X]</th>
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