

# **2019 FALL STATE COMPETITIONS – UNIFIED BOWLING** **EVENT DESCRIPTION**

## **OFFICIAL EVENTS OFFERED:**

### **1. BOWLING**

<i>Event Code</i>	<i>Event Description</i>
BODBLE	Doubles (two person)
BOTEAM	Team Bowling (four person)

## **ELIGIBILITY FOR STATE UNIFIED BOWLING TOURNAMENT PARTICIPATION**

1. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics on file in the state office postmarked by to **October 1, 2019** to remain valid through **date of the State Unified Bowling Tournament you are attending.**
2. A bowling scratch score is based on a 15-game average submitted to the Host 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.)

## **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:

### NORTHERN TOURNAMENT

December 14, 2019 (Registration due: November 27)

Ashwaubenon Lanes- Green Bay

Willow Creek Lanes – Green Bay

Host: Region 5

Carla Lieb

[clieb@specialolympicswisconsin.org](mailto:clieb@specialolympicswisconsin.org)

920-659-5916

920-731-3691 *fax*

### SOUTHERN TOURNAMENT

December 7, 2019 (Registration due: November 20)

Bowl-A-Vard Lanes – Madison

Prairie Lanes – Sun Prairie

Host: Region 6

Nicole Christensen

[nchristensen@specialolympicswisconsin.org](mailto:nchristensen@specialolympicswisconsin.org)

608-442-5670

608-222-3578 *fax*

# 2019 FALL STATE COMPETITIONS REGISTRATION – UNIFIED

## 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: \_\_\_\_\_

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 HOST OFFICE WITH STATE REGISTRATION MATERIALS  
BY THE DEADLINE DATE!**

CHECKLIST OF ENCLOSURES:		DELEGATES:		TOTAL NUMBER
<input type="checkbox"/>	Registration Fees	Male Athletes (w/o wheelchairs)		<b>SUBTOTAL</b>
<input type="checkbox"/>	Bowling Athlete Roster	Male Athletes w wheelchairs		
		Female Athletes (w/o wheelchairs)		<b>SUBTOTAL</b>
		Female Athletes w wheelchairs		
		<b>TOTAL M + F DELEGATES</b>		

**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.

# State Registration - Bowling

**AGENCY #** \_\_\_\_\_

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**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Regional Office Signature**

\_\_\_\_\_  
**Date**

# 2019 FALL STATE COMPETITIONS – UNIFIED 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.

	ATHLETE NAME (LAST NAME, FIRST NAME)	UNIFIED PARTNER [X]	RAMP [X]	EVENT CODE	15 GAME AVERAGE	TEAM OR DOUBLES NAME (15 CHARACTER LIMIT)
1.		<input type="checkbox"/>	<input type="checkbox"/>			
2.		<input type="checkbox"/>	<input type="checkbox"/>			
3.		<input type="checkbox"/>	<input type="checkbox"/>			
4.		<input type="checkbox"/>	<input type="checkbox"/>			
5.		<input type="checkbox"/>	<input type="checkbox"/>			
6.		<input type="checkbox"/>	<input type="checkbox"/>			
7.		<input type="checkbox"/>	<input type="checkbox"/>			
8.		<input type="checkbox"/>	<input type="checkbox"/>			
9.		<input type="checkbox"/>	<input type="checkbox"/>			
10.		<input type="checkbox"/>	<input type="checkbox"/>			
11.		<input type="checkbox"/>	<input type="checkbox"/>			
12.		<input type="checkbox"/>	<input type="checkbox"/>			
13.		<input type="checkbox"/>	<input type="checkbox"/>			
14.		<input type="checkbox"/>	<input type="checkbox"/>			
15.		<input type="checkbox"/>	<input type="checkbox"/>			
16.		<input type="checkbox"/>	<input type="checkbox"/>			
17.		<input type="checkbox"/>	<input type="checkbox"/>			
18.		<input type="checkbox"/>	<input type="checkbox"/>			
19.		<input type="checkbox"/>	<input type="checkbox"/>			
20.		<input type="checkbox"/>	<input type="checkbox"/>			