OFFICIAL EVENTS OFFERED:
1. BOWLING

<table>
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<tr>
<th>Event Code</th>
<th>Event Description</th>
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<tr>
<td>BODOBLE</td>
<td>Doubles (two person)</td>
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<tr>
<td>BOTEAM</td>
<td>Team Bowling (four person)</td>
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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
   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
   608-442-5670
   608-222-3578 fax
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
- 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 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.

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<thead>
<tr>
<th>ATHLETE NAME (LAST NAME, FIRST NAME)</th>
<th>UNIFIED PARTNER [X]</th>
<th>RAMP [X]</th>
<th>EVENT CODE</th>
<th>15 GAME AVERAGE</th>
<th>TEAM OR DOUBLES NAME (15 CHARACTER LIMIT)</th>
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