

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 TBD, 2019 (Registration due: November TBD)

Ashwaubenon Lanes- Green Bay

Willow Creek Lanes – Green Bay

Host: Region 5

Carla Lieb

clieb@specialolympicswisconsin.org

920-497-2422

920-497-0126 *fax*

SOUTHERN TOURNAMENT

December 7, 2019 (Registration due: November 20)

Bowl-A-Vard Lanes – Madison

Prairie Lanes – Sun Prairie

Host: Region 6

Erin Muehlenkamp

emuehlenkamp@specialolympicswisconsin.org

608-442-5679

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)		SUBTOTAL
<input type="checkbox"/>	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.

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"/>			