

2018 STATE GOLF TOURNAMENTS

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. GOLF

<i>Event Code</i>	<i>Event Description</i>
GFASTM	Alternate Shot Team Play – Level 2
GFSING9	Individual Stroke Play (9 Hole) – Level 4

ELIGIBILITY FOR STATE GOLF INVITATIONALS

1. Athletes and Unified Partners may compete in **one or both** State Golf Tournaments. Send registration form to correct tournament host office. If attending both, separate registration forms will need to be sent to both hosts. **Medals will be provided for athletes and partners placing in 1st-3rd places and ribbons for 4th-8th.**
2. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics on file in the Headquarters office postmarked by **June 1, 2018** to remain valid through **the date of the State Golf Tournament you are attending.**
3. Golf alternate shot partners must have a valid Class A Volunteer Application on file with the Headquarters office, postmarked by **the registration deadline for the tournament you are attending.**
4. Two of the six required scores **MUST** be completed on courses of **2,400 yards or longer.** Also list the six most recent scores since the LAST State Golf Tournament for the athletes and partners.

REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:

NORTHERN TOURNAMENT:

July 8, 2018
Highland Ridge Golf Club, De Pere
Host: Region 5
Carla Lieb
clieb@specialolympicswisconsin.org
920-497-2422
920-497-0126 fax

SOUTHERN TOURNAMENT:

July 15, 2018 (tentative)
Kestrel Ridge Golf Club, Columbus
Host: Region 6
Kate Bergmann
kbergmann@specialolympicswisconsin.org
608-442-5679
608-222-3578 fax

****Agencies wishing to compete at both invitationals will need to fill out separate registration forms and send to correct host regional office.**

State 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
- Head of Delegation name and contact
 - Enter contact information for person who will be **attending** the games that we can contact regarding weather information, tournament changes, lost athletes, etc.

Checklist of Enclosures and Delegate Numbers:

- Check boxes next to which materials you are including in the registration packet
- Confirm all materials are included in the packet when registering
- Make sure correct number of athletes without wheelchairs, with wheelchairs, and coaches/chaperones (separated by gender) is entered and added up correctly.

Registration Fees:

- Enter correct number of delegates into the correct registration plan and total monetary amount.
- If dividing your agency between two plans
 - Make sure you fill out two separate registration packets!
 - Each registration packet must have a separate Head of Delegation
- Check the box next to how your agency will be paying for the games fees – In-House Account or Non In-House Account

Housing and Meals:

- Enter correct amount of housing needed separated out by gender
- Enter the correct number of meals you will need. If you will not be taking meals, please enter “0”
- Enter correct number of *optional* meals (ex: Sunday Lunch) you will need. *Be sure any associated fees are included in your total*

Agency Manager Signature:

- Please sign or type (if filling out electronically) name and date.

Coach/Chaperone Roster:

- Enter in names and gender of all Certified Coaches and Chaperones attending the Games
- Check if they will be needing housing, in a wheelchair, or an Athlete as Coach (AAC).
- 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.

(continue next page)

Athlete Rosters:

- Fill out rosters for all sports you will be competing in at the Games.
- Confirm
 - All athlete names entered and all events they will be participating entered
 - Check boxes if they will be needing housing
 - Any additional information on registration (ex: water start for aquatics, category letter for athletics)
- 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.
- 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.*

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

2018 STATE GOLF TOURNAMENTS REGISTRATION

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 (no P.O. Box Numbers) is correct 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 REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS BY THE DEADLINE DATE!

CHECKLIST OF ENCLOSURES:	DELEGATES:	TOTAL NUMBER
<input type="checkbox"/> Forms and Fees Checklist	Male Athletes (w/o wheelchairs)	
<input type="checkbox"/> Golf Athlete Roster(s)	Male Athletes w/ wheelchairs	
<input type="checkbox"/> Golf Scores Registration Page(s)	Male Unified Partners	SUBTOTAL
	Male Coach/Chaperones	
	Female Athletes (w/o wheelchairs)	
	Female Athletes w/ wheelchairs	
	Female Unified Partners	SUBTOTAL
	Female Coach/Chaperones	
	TOTAL M + F DELEGATES	

You do not have to list all the coaches and chaperones attending these games with your athlete(s). 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 that all the above information and found it to be complete and accurate.”

Agency Manager Signature

Date

Regional Office Signature

Date

2018 STATE GOLF TOURNAMENT REGISTRATION ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**Head Coach: _____ Cell Phone: (____) _____

Tournament Attending (Green Bay or Columbus): _____

REMINDER: ATHLETE TO COACH/CHAPERONE RATIO IS MINIMUM OF 4:1 (*DO NOT INCLUDE ALTERNATE SHOT PARTNERS IN TOTAL*)

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

*I HAVE VERIFIED THAT ALL CHAPERONES ATTENDING THE TOURNAMENT ARE
APPROVED SOWI CLASS A CERTIFIED VOLUNTEERS (CHECK ✓).*

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	UNIFIED PARTNER [X]	EVENT CODE	*AVERAGE SCORE
1.		<input type="checkbox"/>		
2.		<input type="checkbox"/>		
3.		<input type="checkbox"/>		
4.		<input type="checkbox"/>		
5.		<input type="checkbox"/>		
6.		<input type="checkbox"/>		
7.		<input type="checkbox"/>		
8.		<input type="checkbox"/>		
9.		<input type="checkbox"/>		
10.		<input type="checkbox"/>		
11.		<input type="checkbox"/>		
12.		<input type="checkbox"/>		
13.		<input type="checkbox"/>		
14.		<input type="checkbox"/>		
15.		<input type="checkbox"/>		

*AVERAGE OF SIX SCORES RECORDED ON FOLLOWING PAGES

**REGISTRATION INFORMATION FOR THIS EVENT WILL BE SENT TO THE PERSON LISTED AS HEAD COACH.

UNIFIED PARTNER: UNIFIED PARTNERS MUST HAVE A CURRENT CLASS A VOLUNTEER APPLICATION FORM ON FILE WITH THE STATE OFFICE POSTMARKED BY THE **REGISTRATION DEADLINE DATE.**

2018 STATE GOLF TOURNAMENT REGISTRATION
LEVEL 4 – 9 HOLE

PLEASE PRINT CLEARLY:

AGENCY NUMBER: _____ AGENCY NAME: _____

***THESE NAMES MUST ALSO APPEAR ON YOUR GOLF ATHLETE ROSTER.**

TWO OF THE SIX REQUIRED SCORES MUST BE COMPLETED ON COURSES OF **2,400 YARDS OR LONGER**. ALSO LIST THE SIX MOST RECENT SCORES SINCE THE LAST STATE GOLF TOURNAMENT FOR THE ATHLETE BELOW.

<p>*ATHLETE NAME (LAST NAME, FIRST) 1. _____ AVERAGE _____ SIX MOST RECENT NINE-HOLE SCORES: _____ COURSE PAR: _____ COURSE LENGTH (YARDS): _____</p>
<p>*ATHLETE NAME (LAST NAME, FIRST) 2. _____ AVERAGE _____ SIX MOST RECENT NINE-HOLE SCORES: _____ COURSE PAR: _____ COURSE LENGTH (YARDS): _____</p>
<p>*ATHLETE NAME (LAST NAME, FIRST) 3. _____ AVERAGE _____ SIX MOST RECENT NINE-HOLE SCORES: _____ COURSE PAR: _____ COURSE LENGTH (YARDS): _____</p>
<p>*ATHLETE NAME (LAST NAME, FIRST) 4. _____ AVERAGE _____ SIX MOST RECENT NINE-HOLE SCORES: _____ COURSE PAR: _____ COURSE LENGTH (YARDS): _____</p>
<p>*ATHLETE NAME (LAST NAME, FIRST) 5. _____ AVERAGE _____ SIX MOST RECENT NINE-HOLE SCORES: _____ COURSE PAR: _____ COURSE LENGTH (YARDS): _____</p>