

# 2019 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 1<sup>st</sup>-3<sup>rd</sup> places and ribbons for 4<sup>th</sup>-8<sup>th</sup>.**
2. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics on file in the Headquarters office postmarked by **June 1, 2019** 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.

### **COST: FEES ARE CHARGED ONLY FOR ATHLETES & PARTNERS ATTENDING**

Plan C: Day Of: \$8.00 per athlete/partner

### **REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:**

#### NORTHERN TOURNAMENT:

July 14, 2019  
Highland Ridge Golf Club, De Pere  
Host: Region 5  
Carla Lieb  
clieb@specialolympicswisconsin.org  
920-497-2422  
920-497-0126 fax

#### SOUTHERN TOURNAMENT:

July 14, 2019  
Kestrel Ridge Golf Club, Columbus  
Host: Region 6  
Erin Muehlenkamp  
emuehlenkamp@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.**

# 2019 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)		<b>SUBTOTAL</b>
<input type="checkbox"/> Golf Athlete Roster(s)	Male Athletes w/ wheelchairs		
<input type="checkbox"/> Golf Scores Registration Page(s)	Male Unified Partners		
	Male Coach/Chaperones		
	Female Athletes (w/o wheelchairs)		<b>SUBTOTAL</b>
	Female Athletes w/ wheelchairs		
	Female Unified Partners		
	Female Coach/Chaperones		
	<b>TOTAL M + F DELEGATES</b>		

**REGISTRATION FEES**

Plan C: Day Of: competition \$ 8.00 x \_\_\_\_\_ Total Athletes/Partners = \$ \_\_\_\_\_

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 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.”**

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**Agency Manager Signature**

**Date**

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**Regional Office Signature**

**Date**

# 2019 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.**



# 2019 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.

\*ATHLETE NAME (LAST NAME, FIRST)

1. \_\_\_\_\_ AVERAGE \_\_\_\_\_

SIX MOST RECENT NINE-HOLE SCORES: \_\_\_\_\_

COURSE PAR: \_\_\_\_\_

COURSE LENGTH (YARDS): \_\_\_\_\_

\*ATHLETE NAME (LAST NAME, FIRST)

2. \_\_\_\_\_ AVERAGE \_\_\_\_\_

SIX MOST RECENT NINE-HOLE SCORES: \_\_\_\_\_

COURSE PAR: \_\_\_\_\_

COURSE LENGTH (YARDS): \_\_\_\_\_

\*ATHLETE NAME (LAST NAME, FIRST)

3. \_\_\_\_\_ AVERAGE \_\_\_\_\_

SIX MOST RECENT NINE-HOLE SCORES: \_\_\_\_\_

COURSE PAR: \_\_\_\_\_

COURSE LENGTH (YARDS): \_\_\_\_\_

\*ATHLETE NAME (LAST NAME, FIRST)

4. \_\_\_\_\_ AVERAGE \_\_\_\_\_

SIX MOST RECENT NINE-HOLE SCORES: \_\_\_\_\_

COURSE PAR: \_\_\_\_\_

COURSE LENGTH (YARDS): \_\_\_\_\_

\*ATHLETE NAME (LAST NAME, FIRST)

5. \_\_\_\_\_ AVERAGE \_\_\_\_\_

SIX MOST RECENT NINE-HOLE SCORES: \_\_\_\_\_

COURSE PAR: \_\_\_\_\_

COURSE LENGTH (YARDS): \_\_\_\_\_