

2019 STATE OUTDOOR SPORTS TOURNAMENT

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED: Athletes can only be entered in one sport.

1. BOCCE

<i>Event Code</i>	<i>Event Description</i>
BCTEAM	Team Competition

3. TENNIS

<i>Event Code</i>	<i>Event Description</i>
TNSING	Singles

2. SOFTBALL

<i>Event Code</i>	<i>Event Description</i>
SBTEAM	Team Softball Competition

ELIGIBILITY FOR OUTDOOR SPORTS TOURNAMENT PARTICIPATION

1. Valid Official Special Olympics Release Form, Application For Participation in Special Olympics on file in the Headquarters office postmarked by **June 1, 2019** to remain valid through **August 3, 2019**.
2. Teams must place first in their assigned district competition to automatically qualify for State tournament play. Note: a limited number of second and third place teams may advance to fill any spaces in the tournament field.
3. SOWI will issue a team State quota for each district tournament based on total 2018 participation statewide.

LOCATION:

Housing:	Carroll University
Housing Available:	Friday, August 2

COMPETITION:

Carroll University	Bocce, Tennis and Softball
Saratoga Softball Complex	Softball

COST:

Delegates are all athletes, coaches and chaperones.

Plan A	Housing:	\$56.00 per delegate	Friday housing, competition, all meals
Plan C	Day Of:	\$8.00 per delegate	Competition & Saturday lunch

**Any Agencies looking for Saturday night housing, please contact the State Office

*****AGENCIES MAY CHOOSE TO SPLIT THEIR DELEGATION INTO TWO PLANS. YOU MUST ADHERE TO AN ATHLETE/CHAPERONE RATION THAT IS BETWEEN 3:1 AND 4:1 WITHIN EACH PLAN TO ENSURE LEGAL RATIOS FOR HOUSING AND TRAVEL. EACH PLAN MUST BE REGISTERED ON SEPARATE FORMS WITH A SEPARATE HEAD OF DELEGATION LISTED.**

SPECIAL EVENTS:

- Healthy Athletes
- Opening Ceremony/Dance

2019 STATE OUTDOOR SPORTS TOURNAMENT 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: (____) _____

RETURN THIS FORM TO YOUR 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"/> Chaperone Roster	Male Athletes w/ wheelchairs		SUBTOTAL
<input type="checkbox"/> Softball Entry Form(s)	Male Coaches / Chaperones		
<input type="checkbox"/> Bocce Entry Form(s)	Female Athletes (w/o wheelchairs)		
<input type="checkbox"/> Tennis Entry Forms(s)	Female Athletes w/ wheelchairs		SUBTOTAL
	Female Coaches / Chaperones		
	TOTAL M + F DELEGATES		

REGISTRATION FEES – Agency may register for up to **TWO** plans provided the 3:1 or 4:1 ratio is met within each plan. Each plan must be registered on separate forms with a separate HOD listed.

Plan A: Housing: Competition & all meals \$56.00 x _____ Total Delegates = \$ _____

Plan C: No Housing: Competition & Sat. lunch \$8.00 x _____ Total Delegates = \$ _____

Total=\$ _____

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.

***If your delegation is providing its own housing at a hotel, please name: _____

HOUSING & MEALS

HOUSING:	TOTAL NUMBER	MEALS:	TOTAL NUMBER
Friday Night	Males:	Friday Dinner	
	Females:	Saturday Breakfast	
		Saturday Lunch	

Please list any dietary restrictions on a Special Needs Form.

“I have checked this information and found it to be complete and accurate.”

Agency Manager Signature Date

Regional Office Signature Date

COACH – CHAPERONE ROSTER

AGENCY # _____

Please list the coaches and chaperones who will be accompanying your group. You must adhere to an athlete/chaperone ration that is between 3:1 and 4:1. Prior approval must be received from you Regional office for other athlete/coach ratios.

IMPORTANT

Chaperones must be 16 years of age or older. No un-named chaperones are allowed. All chaperones must be approved, active SOWI Class A volunteers by the entry deadline date.

Athletes-As-Coaches (AAC) are to be listed under CERTIFIED COACHES. The AAC 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). Please indicate any Athletes-As-Coaches by checking the box in the AAC column.

The roster must be typed or printed clearly.

CERTIFIED COACHES		M / F	HOUSING [X]	W/C [X]	AAC [X]
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHAPERONES		M / F	HOUSING [X]	W/C [X]
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"/>

“I verify that all of coaches and chaperones in attendance are 16 years of age or older and are Class A approved. In addition, all Athletes-As-Coaches listed above meet the criteria for the AAC Program.”

Agency Manager Signature

Date

2019 STATE OUTDOOR SPORTS TOURNAMENT

TENNIS SINGLES ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell Phone: _____

**RETURN THIS FORM TO YOUR REGIONAL OFFICE WITH STATE REGISTRATION MATERIALS
BY DEADLINE DATE!**

Player Skill Ranking: Take from Special Olympics Tennis Rating Sheet in Rules Section of Competition Guide.

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	HOUSING [X]	EVENT CODE	*PLAYER SKILL RATING
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"/>		

Athletes must be listed in alphabetical order by last name.

ATHLETE EVALUATION COMMENTS

Briefly provide input on the ability of your athletes to help with divisioning:
