2020 OUTDOOR SPORTS SEASON OVERVIEW - BOCCE EVENT DESCRIPTIONS

OFFICIAL EVENTS OFFERED:

BOCCE

Event Code Event Description
BCTEAM Team Competition

ELIGIBILITY FOR BOCCE SEASON PARTICIPATION

- 1. Valid Special Olympics Release Form, Application for Participation in Special Olympics on file in the Headquarters office postmarked by **June 15, 2020** and remains valid through **the date of the Regional/District tournament you are attending.**
- To be eligible to advance to the Outdoor Sports Tournament, an athlete's Application for Participation must remain valid through August 1, 2020. Note: If OST is extended to two days, the athletes application must remain valid through the entire tournament.
- 3. Athletes must participate in at least eight weeks of official Special Olympics training prior to State competition. *Subject to change due to Covid-19 situation.
- 4. All Agencies must submit an Intent to Play form for team events to their Regional office by **May 1, 2020.** *Subject to change due to Covid-19 situation.
- Teams must play a minimum of two (documented) games against other Special Olympics teams prior to registration for district competition. The team roster must remain the same for the two qualifying games, district competition and State competition. Teams that modify their rosters will forfeit all games. Qualifying games must be played against other teams with an Intent to Play form on file. One game must be played against a team from another Agency. Forfeited games do not count toward the scrimmage requirement.
- 6. 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.

PLEASE READ FORMS CAREFULLY

2020 DISTRICT/REGIONAL TEAM BOCCE REGISTRATION ATHLETE ROSTER

	ease Print Clearly:					
Ag	gency Number:Agency Name:					
He	ead Coach:	W: <u>(</u>)	H:	()	
Ad	ddress:		211.		21.1.	(7:)
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<u>Ce</u>	ell phone contact number while at the Tourname	nt: ()				
Ad	dditional email you would like games information ser	nt to:				
	RETURN THIS FORM TO THE HOST REGIO	N OFFICE B	Y THE P	UBLISHED DE	ADLINE DA	TE!
* • • • • • • • • • • • • • • • • • • •	nportant: Teams shall consist of rosters of four, five abstitution rules will regulate the use of the 5th or 6th Team Name:	players. 	<u> </u>		·	
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	New Team Existing Team	Tradi	tional Te	am [Unified Te	eam
CO		∏Tradi	tional Te	wheelchair	Unified To Unified Partner (X)	INDIVIDUAL BOSAT SCORE*
	New Team Existing Team ATHLETE NAMES	∏Tradi		WHEELCHAIR	Unified Partner	INDIVIDUAL BOSAT
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1. 2. 33. 41. 55. BC	New Team Existing Team ATHLETE NAMES		M/F	WHEELCHAIR (X)	Unified Partner (X)	INDIVIDUAL BOSAT SCORE*

By submitting this form I verify that the athletes on this roster competed in at least two of the documented qualifying games \Box (check $\sqrt{}$).

^{***}If registering multiple teams, please rank them utilizing one to indicate the top team, two for second best, etc.

2020 DISTRICT/REGIONAL TEAM BOCCE

Agency Number:Agency Name:	Please Print	t Clearly:									
Total Agency number of coaches and chaperones that will be attending this district tournament: **Reminder:** athlete to coach/chaperone ratio is minimum of 4:1 Will you be bringing qualifying athletes to the State tournament? **Description** Items**	Agency Numb	per:Agency Name:									
Reminder: athlete to coach/chaperone ratio is minimum of 4:1 Will you be bringing qualifying athletes to the State tournament? Yes No LIST ALL BOCCE GAMES YOU HAVE PLAYED THIS SEASON A minimum of TWO GAMES must be documented before the registration deadline date. ONE game must be played against a team from another Special Olympics Agency. AGENCY OPPOSING TEAM OFFICIAL NAME DATE OF GAME YOUR SCORE SCORE Comments:	Team Name	: <u> </u>	_ _ _								
Will you be bringing qualifying athletes to the State tournament? Yes No LIST ALL BOCCE GAMES YOU HAVE PLAYED THIS SEASON A minimum of TWO GAMES must be documented before the registration deadline date. ONE game must b played against a team from another Special Olympics Agency. AGENCY OPPOSING TEAM OFFICIAL NAME DATE OF GAME YOUR SCORE SCORE Comments:	Total Agency	number of coaches and chaperones that will be	attending this	district tournamer	nt:						
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NUMBER OPPOSING TEAM OFFICIAL NAME GAME TOUR SCORE SCORE Comments:	A minimur					ne must be					
		OPPOSING TEAM OFFICIAL NAME		YOUR SCORE							
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Ple	ease Print Clearly:						
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Add	ditional email you would like games infor	mation sent to:					
	RETURN THIS FORM TO THE HO	ST REGION OF	FICE BY T	HE PU	JBLISHED DEA	ADLINE DA	ΓΕ!
	I have verified that approved SOW portant: Teams shall consist of rosters bottution rules will regulate the use of the	I Class A certified of four, five or s	ed volunteeriix athletes;	rs 🗌	(check $$).	y compete a	nt one time.
* E	eam Name:	to 15 characters	long. The	names	s will stay the sa	ime at all lev	
	ATHLETE NAMES (ALPHABETICAL: LAST NAI			M/F	WHEELCHAIR (X)	Unified Partner (X)	INDIVIDUAL BOSAT SCORE*
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ВО	SAT Team Average: (only to	p four scores†) *	*** Rank: _		(your teams	from your A	gency)
*Se	etter scores have a lower numerical value. The BOSAT Rules and Form on following page of registering multiple teams, please rank By submitting this form I verify that the	them utilizing o			•		
		ualifying games					

(OVER)

2020 DISTRICT/REGIONAL TEAM BOCCE

Please Print	t Clearly:									
Agency Numb	per:Agency Name:									
Team Name	: <u> </u>	_ _ _								
Total Agency	number of coaches and chaperones that will be	attending this	district tournamer	nt:						
Reminder: athlete to coach/chaperone ratio is minimum of 4:1										
Will you be bringing qualifying athletes to the State tournament? Yes No										
	LIST ALL BOCCE GAMES YOU	J HAVE PLA	YED THIS SEAS	SON						
A minimur	m of TWO GAMES must be documented bef played against a team from and				ne must be					
AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF GAME	YOUR SCORE	THEIR SCORE						
Comments:										
Comments:										
Comments:										

Ple	ease Print Clearly:					
Ag	ency Number:Agency Nam	ıe:				
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Ad	lditional email you would like games informa	ation sent to:				
	RETURN THIS FORM TO THE HOST	REGION OFFICE BY	Y THE P	JBLISHED DE	ADLINE DA	TE!
			eers 🗌	(check $$).	y compete a	at one time.
* E	Team Name:		ne name	s will stay the sa	ime at all le	
	ATHLETE NAMES (ALPHABETICAL: LAST NAME	FIRST)	M/F	WHEELCHAIR (X)	Unified Partner (X)	INDIVIDUAL BOSAT SCORE*
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ВС	DSAT Team Average: (only top for	our scores†) *** Rank:	:	(your teams	from your A	gency)
*Se	etter scores have a lower numerical value. ee BOSAT Rules and Form on following pages If registering multiple teams, please rank th	· ·				
	By submitting this form I verify that the at	inletes on this roster c	ompeted	in at least two c	of the docum	nented

(OVER)

2020 DISTRICT/REGIONAL TEAM BOCCE

Please Print	t Clearly:									
Agency Numb	per:Agency Name:									
Team Name	: <u> </u>	_ _ _								
Total Agency	number of coaches and chaperones that will be	attending this	district tournamer	nt:						
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Will you be bringing qualifying athletes to the State tournament? Yes No										
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A minimur	m of TWO GAMES must be documented bef played against a team from and				ne must be					
AGENCY NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF GAME	YOUR SCORE	THEIR SCORE						
Comments:										
Comments:										
Comments:										

- 1. The BOSAT is designed specifically to measure the basic skills necessary to participate in the sport of bocce, i.e., the delivery of the ball, while focusing on a target, so the thrown ball comes to rest as close as possible to the target (pallina in the BOSAT).
- 2. All athletes to be entered in bocce competition must have completed the entire BOSAT (along with his or her team members) in order to be eligible for all bocce competition.
- 3. Caution: You should administer the BOSAT only after athletes have become familiar with the scoring area and procedures. In addition, administer the BOSAT shortly before your district entries are due. Hopefully, skills will have improved your training from pre-district competition opportunities.

4. Equipment:

- a. Four official size (4.20" 4.33") bocce balls metal or wood
- b. One pallina of similar material and size (1.875" 2.5")

5. Set Up

- a. An official 60 foot grass bocce court
- b. For each trial, the pallina will be centered in the middle of the court at each of the distances listed (30, 40, then 50 feet measured from the end).

6. Test:

- a. Each player being tested will stand behind the throwing line at the end opposite the placed pallina and will deliver four consecutive balls as close to the pallina as they can for each trial.
- b. If a player's foot fouls while tossing a ball, the ball will be picked up and re-tossed by the player.
- c. If the pallina is moved during the trial, it shall remain where it lands and shall not be replaced in its original position until after completion of the trial. Play shall continue unless the pallina is knocked passed the end court line in which case it shall be considered out of bounds and the trial shall be replayed.
- d. The official shall measure and record in inches the total number of inches all four balls are from the pallina for each trial and shall record the closest three. The measurement will be from the center of the pallina to closest side of the ball.

7. Scoring

- a. When all three trials are completed, each of the best three scores from each trial shall be added together into one cumulative score.
- b. A team score (average) shall equal the total number of inches for the four best players (with the lowest scores) on the team, divided by four.
- c. If a ball rolls past the end line during a trial, the score shall be the measurement in inches from where the pallina was placed, measured to the end line. For example, if measuring from the pallina placed at the 40 foot mark, it would be 20 feet or 240 inches to get to the end line. The following scores will be used:

pallina placement = inches to the end line

30 feet = 360 inches

40 feet = 240 inches

50 feet = 120 inches

SCORE SHEET

Agency Number:	Agency Name:	
Team Name:		

TEAM MEMBERS		TRIALS (in inches)								*TOTAL OF 3 best scores	
			1 (30 feet)		2 (40 feet)			3 (50 feet)			from each trial (in inches)
1											
2											
3											
4											
5											
6											

IMPORTANT:

BOSAT TEAM AVERAGE When all three trials are completed, each of the best three scores from each trial shall be added together into one cumulative score.

The sum of the four lowest (best) athlete totals for all of the three trials = _____divided by 4 = _____ [Please record all trials in inches.]

- The BOSAT team average will be used along with competition scores to division bocce teams for competitions.
- A copy of your BOSAT must be forwarded with your district bocce registration materials.
- Transfer this total to district registrations. If you have more than one team, rank your teams, with the best team having 1 the next 2 and so forth.

SCORE SHEET

Agency Number:	Agency Name:	
Team Name:		

		TRIALS (in inches)							*TOTAL OF 3 best scores		
	TEAM MEMBERS		1 (30 feet)		2 (40 feet)			3 (50 feet)			from each trial (in inches)
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