2020 OUTDOOR SPORTS SEASON OVERVIEW -SOFTBALL & TEE BALL EVENT DESCRIPTIONS

OFFICIAL EVENTS OFFERED:

SOFTBALL

Event Code Event Description

- A. SBTEAM Team Softball Competition
- B. SBTEEB Tee Ball Competition

ELIGIBILITY FOR TEAM SOFTBALL & TEE BALL 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.**
- 2. 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.
- 5. 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. <u>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.</u>

PLEASE READ FORMS CAREFULLY

2020 DISTRICT TEAM SOFTBALL REGISTRATION ATHLETE ROSTER

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Agency Nu	umber:	Agency Name:		
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Address:				
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**Registration information for this district event will be sent to the person listed as head coach.

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

(OVER)

2020 DISTRICT TEAM SOFTBALL

Please Print Clearly:

Agency Number:	Agency Name:	
Team Name:		

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

LIST ALL SOFTBALL GAMES PLAYED THIS SEASON

No

(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 NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
Comments:				
Comments:				
Comments:				

2020 DISTRICT TEAM SOFTBALL REGISTRATION ATHLETE ROSTER

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**Registration information for this district event will be sent to the person listed as head coach.

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

(OVER)

2020 DISTRICT TEAM SOFTBALL

Please Print Clearly:

Agency Number:	Agency Name:
Team Name:	

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

LIST ALL SOFTBALL GAMES PLAYED THIS SEASON

No

(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 NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE
Comments:				
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Comments:				

2020 TEAM TEE BALL* REGISTRATION ATHLETE ROSTER

Please P	rint Cle	<u>arly:</u>				
Agency N	lumber:	Agency Name:				
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*Beginning in 2014, tee ball is only offered at the District level, in conjunction with the Region 8 District Tournament.

**Registration information for this district event will be sent to the person listed as head coach.

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

2020 DISTRICT TEAM TEE BALL

Please Print Clearly:

Agency Number: ______Agency Name: ______

Team Name: _____

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

LIST ALL TEE BALL 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 NUMBER	OPPOSING TEAM OFFICIAL NAME	DATE OF MATCH	YOUR SCORE	THEIR SCORE	
Comments:					
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