

2020 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 State office postmarked by **June 15, 2020** 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 State 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: \$10.00 per athlete/partner

REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:

NORTHERN TOURNAMENT:

TBD
Location TBD
Host: Region 5
Carla Lieb
clieb@specialolympicswisconsin.org
920-497-2422
920-497-0126 fax

SOUTHERN TOURNAMENT:

September 13, 2020
Kestrel Ridge Golf Club, Columbus
Host: Region 6
Nicole Christensen
nchristensen@specialolympicswisconsin.org
608-442-5670
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.**

2020 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)		SUBTOTAL
<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)		SUBTOTAL
	Female Athletes w/ wheelchairs		
	Female Unified Partners		
	Female Coach/Chaperones		
	TOTAL M + F DELEGATES		

REGISTRATION FEES

Plan C: Day Of: competition \$ 10.00 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.”

Agency Manager Signature

Date

Regional Office Signature

Date

2020 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 <small>(ALPHABETICAL: LAST NAME, FIRST)</small>	UNIFIED PARTNER <small>[X]</small>	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.**

2020 STATE GOLF TOURNAMENT REGISTRATION

LEVEL 2 – ALTERNATE SHOT

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 AND PARTNER BELOW.

<p>** Team Name: </p> <p>*ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST) <i>TEAM AVERAGE</i> _____</p> <p>1. _____</p> <p>2. _____</p> <p>SIX MOST RECENT NINE-HOLE SCORES: _____ COURSE PAR: _____ COURSE LENGTH (YARDS): _____</p>
<p>** Team Name: </p> <p>*ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST) <i>TEAM AVERAGE</i> _____</p> <p>1. _____</p> <p>2. _____</p> <p>SIX MOST RECENT NINE-HOLE SCORES: _____ COURSE PAR: _____ COURSE LENGTH (YARDS): _____</p>
<p>** Team Name: </p> <p>*ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST) <i>TEAM AVERAGE</i> _____</p> <p>1. _____</p> <p>2. _____</p> <p>SIX MOST RECENT NINE-HOLE SCORES: _____ COURSE PAR: _____ COURSE LENGTH (YARDS): _____</p>

****TEAMS MUST HAVE A UNIQUE NAME UP TO 15 CHARACTERS LONG. THE NAME WILL REMAIN THE SAME FOR ALL COMPETITION.**

2020 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>