

2020 STATE INDOOR SPORTS TOURNAMENT REGISTRATION

3v3 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 is correct (**no P.O. box Numbers**) 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"/> | Chaperone Roster | Male Athletes (w/o wheelchairs) | | SUBTOTAL |
| <input type="checkbox"/> | Registration Fees | Male Athletes w/ wheelchairs | | |
| <input type="checkbox"/> | 3v3 Team Entry Form(s) | Male Coaches / Chaperones | | SUBTOTAL |
| | | Female Athletes (w/o wheelchairs) | | |
| | | Female Athletes w/ wheelchairs | | |
| | | Female Coaches / Chaperones | | |
| | | TOTAL M + F DELEGATES | | |

Plan C: Day Of: competition & Meal \$10.00 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: _____

MEALS

| MEALS: | TOTAL NUMBER |
|-----------------|--------------|
| Saturday Lunch | |
| Saturday Dinner | |

Please list any dietary restrictions on a Special Needs Form and include with your registration.

"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 | W/C [X] | AAC [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"/> |
| CHAPERONES | | M / F | W/C [X] | |
| 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"/> | |

“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

