

2020 STATE WINTER GAMES

EVENT DESCRIPTION

Athletes can be entered in only one of the four sports offered at the State Winter Games.

OFFICIAL EVENTS OFFERED

1. ALPINE SKIING (three-event limit)

<i>Event Code</i>	<i>Event Description</i>
ASSUGL	Alpine Super Glide**
ASINSG	Alpine Intermediate Super G
ASINSL	Alpine Intermediate Slalom
ASINGS	Alpine Intermediate Giant Slalom

2. CROSS COUNTRY SKIING (three-event limit)

<i>Event Code</i>	<i>Event Description</i>
CC050M	50m Race Classical
CC100M	100m Race Classical
CC500MF	500m Race Freestyle
CC1KLMF	1km Race Freestyle
CC25KMF	2.5km Race Freestyle
CC5KLMF	5km Race Freestyle
CC75KMF	7.5km Race Freestyle
CC4X5M	4X500m Relay

3. SNOWBOARDING (three-event limit)

<i>Event Code</i>	<i>Event Description</i>
SBSUGL	Snowboard Super Glide**
SBINSG	Snowboard Intermediate Super G
SBINSL	Snowboard Intermediate Slalom
SBINGS	Snowboard Intermediate Giant Slalom

4. SNOWSHOE RACING (three-event limit)

<i>Event Code</i>	<i>Event Description</i>
SN050M	50m Race
SN100M	100m Race
SN200M	200m Race
SN400M	400m Race
SN800M	800m Race
SN4X100M	4X100m Relay
SN4X200M	4X200m Relay
SN4X400M	4X400m Relay

**May not compete in super Giant Slalom, Slalom or Super G

ELIGIBILITY FOR WINTER SPORTS SEASON PARTICIPATION

1. Valid Official Special Olympics Release Form and Application For Participation in Special Olympics on file in the Headquarters office postmarked by **December 1, 2019** to remain valid through **February 9, 2020**.
2. Athlete must have participated in at least eight weeks of official Special Olympics training prior to State competition.
3. If a cross-country skiing athlete competes in the 50m and/or 100m race, s/he may not be in any other races.
4. Snowboarding athletes competing in the Super Glide may not compete in the Super Giant Slalom, Slalom, or Super G.

HOUSING:

NEW FOR 2020 A room block has been set up at the Stoney Creek Hotel and Conference Center in Rothschild, WI with a discounted rate. This is the location of the dinner and dance Saturday evening. Agencies wishing to reserve housing for their delegation should call the sales rep at the hotel directly and book their agency's rooms. SOWI will NOT be responsible for booking rooms. However, SOWI can pay for your room via agency in-house accounts. Please mention Special Olympics Wisconsin when calling and reserving rooms, including your agency name and number. Put down the cost of the rooms on the registration form below, so SOWI can match with the invoice after the event.

Stoney Creek Hotel and Conference Center Sales Representative – Dave Brula
dave.brula@stoneycreekhote.com
Direct Line: 715-241-5000

COMPETITION SITES:

Granite Peak at Rib Mountain State Park:
Nine Mile Forest:

Downhill Skiing and Snowboarding
Cross Country Skiing and Snowshoe Racing

MEALS:

Saturday, February 8 Lunch and Dinner
Sunday, February 9 Breakfast (continental for only those staying overnight at Stoney Creek)

COST: DELEGATES ARE THE ATHLETES, COACHES AND CHAPERONES

Plan A	Housing	Cost varies by room type
Plan B	Snowshoe/Cross Country Competition & All Saturday Meals	\$21.00 per delegate
Plan C	Snowshoe/Cross Country Competition & Saturday Lunch	\$10.00 per delegate
Plan D	Alpine/Snowboard Competition & All Saturday Meals	\$36.00 per delegate
Plan E	Alpine/Snowboard Competition & Saturday Lunch	\$25.00 per delegate

*****AGENCIES MAY CHOOSE TO SPLIT THEIR DELEGATION INTO TWO PLANS. YOU MUST ADHERE TO AN ATHLETE/CHAPERONE RATIO 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:

- Saturday Ceremony and Dance

2020 STATE WINTER GAMES 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 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"/>	Chaperone Roster	Male Athletes w/o wheelchairs		SUBTOTAL
<input type="checkbox"/>	Registration Fees	Male Athletes w/ wheelchairs		
<input type="checkbox"/>	Cross Country Athlete Roster	Male Coaches / Chaperones		SUBTOTAL
<input type="checkbox"/>	Cross Country Relay Form	Female Athletes w/o wheelchairs		
<input type="checkbox"/>	Alpine Skiing Athlete Roster	Female Athletes w/ wheelchairs		SUBTOTAL
<input type="checkbox"/>	Snowshoe Athlete Roster	Female Coaches / Chaperones		
<input type="checkbox"/>	Snowshoe Relay Form	TOTAL M + F DELEGATES		

REGISTRATION FEES – Agency may register for more than one plan 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 **Please call hotel to book rooms** Total Hotel Cost = \$ _____
 Plan B: Snowshoe/Cross Country Competition & All Saturday Meals \$21.00 x _____ Total Delegates = \$ _____
 Plan C: Snowshoe/Cross Country Competition & Saturday Lunch \$10.00 x _____ Total Delegates = \$ _____
 Plan D: Alpine/Snowboard Competition & All Saturday Meals \$36.00 x _____ Total Delegates = \$ _____
 Plan E: Alpine/Snowboard Competition & Saturday Lunch \$25.00 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.

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 ratio that is between 3:1 and 4:1. Prior approval must be received from your 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 _____

2020 STATE WINTER GAMES

ALPINE SKIING AND SNOWBOARDING ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell # at the Games: _____

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

List in Alphabetical Order

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	EVENT CODES		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Athletes can be entered in a maximum of three events.

Athletes competing in the alpine and snowboarding downhill must wear a crash helmet for official training and racing as per International Ski Federation Rules.

Athletes competing in the alpine skiing super glide event cannot register to compete in any other event.

2020 STATE WINTER GAMES CROSS COUNTRY ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell # at the Games: _____

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

List in Alphabetical Order

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	EVENT CODES		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Athletes can be entered in a maximum of three events – two individual events and one relay.
Athletes in the 50m and 100m are participating in developmental cross country ski racing; they cannot be entered in the other races.
Athletes in relays must also be listed on the cross country relay team form.

2020 STATE WINTER GAMES SNOWSHOE RACING ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Head Coach: _____ Cell # at the Games: _____

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

List in Alphabetical Order

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	EVENT CODES		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Athletes can be entered in a maximum of three events – two individual events and one relay or one individual event and two relays.

Athletes in relays must also be listed on the snowshoe relay team form.

2020 STATE WINTER GAMES RELAY TEAM ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Team Name: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

Event Code: _____

List in Alphabetical Order

ATHLETE NAME (LAST NAME, FIRST NAME)	
1.	
2.	
3.	
4.	
5.	
6.	

Team Name: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Each team must have a unique name **15 characters long** or less. This name will be used at all competitions.

Event Code: _____

List in Alphabetical Order

ATHLETE NAME (LAST NAME, FIRST NAME)	
1.	
2.	
3.	
4.	
5.	
6.	

Each relay can have up to six athletes entered per relay team. Only these (maximum) six names may appear on the entry form for the State Winter Games.

This information must also appear as one of the athlete's three events listed on the athlete rosters for cross country or snowshoe racing.