

# 2021 CORNHOLE TOURNAMENT REGISTRATION EVENT DESCRIPTION

## OFFICIAL EVENTS OFFERED:

### **CORNHOLE**

<i>Event Code</i>	<i>Event Description</i>
CHDBLE	Team Competition
	Unified Competition

## ELIGIBILITY FOR STATE CORNHOLE TOURNAMENT PARTICIPATION

1. Athletes must participate in eight weeks of training prior to competition.
2. Each team must have at least one certified Head Coach registered and in attendance with the team for the State Tournament.
3. A Valid Official Special Olympics Release Form and Application for Participation in Special Olympics Application on file in the Headquarters office postmarked by **October 1, 2021** and remain valid through **October 9, 2021**.
4. Each registered Athlete must submit qualifying scores for each event. These qualifying scores should be taken from one practice and should reflect the athlete's ability to compete in each of the events.

## COST:FEES ARE CHARGED ONLY FOR ATHLETES ATTENDING

Plan C: Day Of: \$10.00 per athlete

## **REGISTRATION FORMS MUST BE SUBMITTED TO THE TOURNAMENT HOST:**

### CORNHOLE

Neenah High School – Neenah, WI  
Host: Region 4  
Hailey Fischer  
hfischer@specialolympicswisconsin.org  
262-518-2316  
262-241-5334 fax

**PLEASE READ FORMS CAREFULLY**

# 2021 FALL STATE COMPETITIONS REGISTRATION - CORNHOLE 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:** ( \_\_\_\_\_ ) \_\_\_\_\_

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)		<b>SUBTOTAL</b>
<input type="checkbox"/>	Cornhole Athlete Roster	Male Athletes w wheelchairs		
		Female Athletes (w/o wheelchairs)		SUBTOTAL
		Female Athletes w wheelchairs		
		<b>TOTAL M + F ATHLETES</b>		

**REGISTRATION FEES**

Plan C: Day Of: competition \$ 10.00 x \_\_\_\_\_ Total Athletes = \$ \_\_\_\_\_

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.

# State Registration - Cornhole

AGENCY # \_\_\_\_\_

YOU DO NOT HAVE TO LIST ALL THE COACHES AND CHAPERONES ATTENDING THESE GAMES WITH YOUR TEAM(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

