2022 STATE CELEBRATION GAMES
EVENT DESCRIPTION

OFFICIAL SPORTS OFFERED:
Event Listings will be included on the Sport Registration forms. Athletes may compete in ONE of the five sports offered at Celebration Games.

1. Bocce
2. Softball
3. Tennis
4. Swimming
5. Track & Field

ELIGIBILITY FOR CELBRATION GAMES TOURNAMENT PARTICIPATION

1. Valid Special Olympics Release Form and Application for Participation in Special Olympics on file in the State Office valid through July 31, 2022.
2. Valid COVID-19 Waivers for Participation on file in the State Office.
3. SOWI will issue a team State quota for each district tournament based on total 2022 participation statewide.

HOUSING: Carroll University
Housing Available: Friday, July 29 and Saturday, July 30
Housing available for Local Programs located 75 miles away or further from Carroll University. Additional housing may be available which would be distributed from furthest to closest to the competition.

LOCATION:
Housing, Meals,
Bocce, Tennis, Track   Carroll University Campus
Swimming   Waukesha South High School
Softball   Saratoga Softball Park

MEALS:
Friday, July 29   Dinner
Saturday, July 30   Breakfast, Lunch and Dinner
Sunday, July 31   Breakfast, Lunch (separate fee)

COST: Delegates are all athletes, coaches, and chaperones.
- Local Programs located within 75 miles of Waukesha must choose Plan B or C.
- Local Programs may choose to split their delegation into TWO plans. You must adhere to an athlete/chaperone ration between 3:1 and 4:1 with 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.

Plan A (Housing): $72.00 per delegate   Housing, competition, all meals except Sun. lunch
Plan B (No Housing): $40.00 per delegate   Competition & all meals except Sun. lunch
Plan C (Day Of): $15.00 per delegate   Competition & Saturday Lunch
Add-on (Sun. Lunch): $15.00 per delegate   Sunday Lunch

SPECIAL EVENTS:
- Torch Run
- Opening Ceremony
- Celebration Games Jubilee / Dance
- Victory Village
- Healthy Athletes

REGISTRATION:
Return all forms to your Regional Office with State Registration Materials by **Monday, July 11, 2022**.

Transportation Funding for athletes who visit the COVID Education and Vaccine Tent

SOWI has received grant funding from the Wisconsin Department of Health Services (DHS) to provide ongoing education surrounding COVID. We are focused on utilizing these funds to help athletes at the local level and passing monies through to the local programs. We will be providing a COVID Education and Vaccine Tent at Celebration Games on Saturday, July 30, from 1-4pm on the lawn outside the Healthy Athletes venue (near the library and Hastad Hall) and Sunday, July 31, from 11am – 3pm inside Hastad Hall. Any athlete that stops by to hear a brief explanation of education materials delivered by our own SOWI Athlete Health Messengers can receive a $10 payment to offset transportation costs to the Celebration games. For those who choose, COVID vaccines/boosters provided by DHS clinical staff will also be available.

As the Local Program Manager, you may choose how your local program would like to receive these funds. Options include an in-house transfer into your SOWI account or a check payable to the local program following the games for the total number of athletes who attended from your program; or a $10 Kwik Trip gas card given directly to the individual athlete that day. Please select the payment plan you choose on the registration form and also provide a rough estimate of how many athletes from your program might attend (so we can buy the gas cards). Athletes may come in as individuals or you may wish to bring your whole group in together during a break in competition. (We are dependent on local programs to notify your parents/volunteer drivers to collect gas cards from the athletes if you choose this option).

Local Program Number: _____ Local Program Name: _____

I would like to receive our DHS transportation funding ($10 per athlete that visits the tent) in the following way (check one):

    1.   In-house account transfer to local program following the games for all athletes from our program   _____
    2.   Check payable to the local program following the games for all athletes from our program   _____
    3.   Individual $10 Kwik Trip gas card given directly to the individual athlete at time of visit   _____

Number of athletes estimated to visit the tent: _____

2022 STATE CELEBRATION GAMES REGISTRATION
FORMS AND FEES CHECKLIST

Please Print Clearly:
Local Program Number: _____ Local Program Name: _____
Important: Material will <u>only</u> be sent to individual listed below. Be sure the address is correct **(no P.O. box Numbers)** and the is 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 AREA OFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!

CHECKLIST OF ENCLOSURES:		DELEGATES:		TOTAL NUMBER
☐	Forms and Fees Checklist	Male Athletes (w/o wheelchairs)		
☐	Registration Fees	Male Athletes w/ wheelchairs		**SUBTOTAL**
☐	Chaperone Roster	Male Coaches / Chaperones		
☐	Swimming Roster			
☐	Athletics Roster	Female Athletes (w/o wheelchairs)		
☐	Bocce Team Entry Form	Female Athletes w/ wheelchairs		**SUBTOTAL**
☐	Softball Team Entry Form	Female Coaches / Chaperones		
☐	Tennis Roster			
		TOTAL M + F DELEGATES		

REGISTRATION FEES – *Local Program may register for up to <u>TWO</u> plans provided the 3:1 or 4:1 ratio is met within each plan. Each plan must be registered on <u>separate forms</u> with a separate HOD listed.*
Plan A: Housing: Competition & all meals (except Sun. lunch) $ 72.00 x _____ Total Delegates = $ _____
Plan B: No Housing: Competition & all meals (except Sun. lunch) $ 40.00 x _____ Total Delegates = $ _____
Plan C: Day Of: Competition & Saturday lunch $ 15.00 x _____ Total Delegates = $ _____
Sunday lunch (not included w/registration) $ 15.00 x _____ Total Delegates = $ _____
Total = $ _____

Fees will be taken out of the local program 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: _____

HOUSING AND MEALS

HOUSING:	TOTAL NUMBER		MEALS:	TOTAL NUMBER
Friday Night	Males:		Friday Dinner	
	Females:		Saturday Breakfast	
Saturday Night	Males:		Saturday Lunch	
	Females:		Saturday Dinner	
			Sunday Breakfast	
			Sunday Lunch – Separate Fee	

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."

_____
Local Program Manager Signature   **Date**

_____
Regional Office Signature   **Date**

COACH – CHAPERONE ROSTER   LOCAL PROGRAM # _____

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	HOUSING [X]	W/C [X]	AAC [X]
1.			☐	☐	☐
2.			☐	☐	☐
3.			☐	☐	☐
4.			☐	☐	☐
5.			☐	☐	☐
6.			☐	☐	☐
7.			☐	☐	☐
8.			☐	☐	☐

CHAPERONES		M / F	HOUSING [X]	W/C [X]
1.			☐	☐
2.			☐	☐
3.			☐	☐
4.			☐	☐
5.			☐	☐
6.			☐	☐
7.			☐	☐
8.			☐	☐

 "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."

_____

Local Program Manager Signature   **Date**

OFFICIAL EVENTS OFFERED:

1. SWIMMING

Event Code	Event Description				
SW15US	15m Unassisted Swim	SW100BS	100m Breaststroke	SW4X25MF	4x25m Freestyle Relay
SW25MF	25m Freestyle	SW25BK	25m Backstroke	SW4X50MF	4x50m Freestyle Relay
SW50MF	50m Freestyle	SW50BK	50m Backstroke	SW4X1CMF	4x100m Freestyle Relay
SW100MF	100m Freestyle	SW100BK	100m Backstroke	SW4x25UF	4x25 Unified Free Relay
SW200MF	200m Freestyle	SW25BF	25m Butterfly	SW4X25MR	4x25m Medley Relay
SW400MF	400m Freestyle	SW50BF	50m Butterfly	SW4X50MR	4x50m Medley Relay
SW25BS	25m Breaststroke	SW100BF	100m Butterfly		
SW50BS	50m Breaststroke	SW100IM	100m Individual Medley		

Local Program Number: _____ Local Program Name: _____

Head Coach Name: _____ Cell Phone: _____

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

REGISTRATION NOTES
- Athletes must be listed in alphabetical order by last name.
- Athletes can only participate in a maximum of two individual events and two relays.
- Relay teams at Celebration Games can be comprised of athletes that qualified and choose to attend the Celebration Games. Teams may not have competed at regionals together, and will have to submit a new qualifying score with state registration.

SWIMMING ATHLETE ROSTER

Local Program Number: _____

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	HOUSING	WCH [X]	IN WATER START √	EVENT CODE			
						1ST INDIVIDUAL EVENT	2ND INDIVIDUAL EVENT	1ST RELAY	2ND RELAY
1.			☐	☐	☐				
2.			☐	☐	☐				
3.			☐	☐	☐				
4.			☐	☐	☐				
5.			☐	☐	☐				
6.			☐	☐	☐				
7.			☐	☐	☐				
8.			☐	☐	☐				
9.			☐	☐	☐				
10.			☐	☐	☐				
11.			☐	☐	☐				
12.			☐	☐	☐				
13.			☐	☐	☐				
14.			☐	☐	☐				
15.			☐	☐	☐				
16.			☐	☐	☐				

SWIMMING RELAY TEAM ROSTER

Local Program Number: _____ Local Program Name: _____

Each relay can have up to six athletes entered per team. Any four of the six can swim at Celebration Games.

Team Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Each team must have a unique name **15 characters long** or less.   **Event Code:** _____

This name will be used at all competitions.   **Qualifying Score:** _____

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.   **Event Code:** _____

This name will be used at all competitions.   **Qualifying Score:** _____

List in Alphabetical Order

	ATHLETE NAME (Last Name, First Name)
1.	
2.	
3.	
4.	
5.	
6.	

OFFICIAL EVENTS OFFERED:

1. TRACK & FIELD

Event Code	Event Description				
AT050M	50m run	ATLNJP	Long Jump (1M minimum)	AT4X400M	4 x 400m Relay
AT100M	100m Run	ATSTLJ	Standing Long Jump	AT4X100U	4 x 100m Unified Relay
AT200M	200m Run	ATSP2M	Shot Put-Male: 8-11	AT25WH	Wheelchair-25m
AT400M	400m Run	ATSP4M	Shot Put-Male: 12+	AT100WH	Wheelchair-100m
AT800M	800m Run	ATSPIW	Shot Put-Female: 8-11	AT200WH	Wheelchair-200m
AT1500M	1500m Run	ATSP2W	Shot Put-Female: 12+	AT30WS	Wheelchair-30m Slalom
AT3000M	3000m Run	ATSOBT	Softball Throw	AT50MS	Motor Wheelchair-50m Slalom
AT25MW	25m Walk	ATJAVJR	Mini Javelin 8-15	AT30MS	Motor Wheelchair-30m Slalom
AT100W	100m Walk	ATJAVSR	Mini Javelin 16+	ATWHOB	Motor Wheelchair-25m Obstacle
AT200W	200m Walk	AT4X100W	4x100m Walking Relay	AT4X25M	4 x 25 Wheelchair Shuttle Relay
AT400W	400m Walk	AT4X100WU	4x100m Unified Walking Relay	ATWSP1M	Wheelchair Shot Put-Male
AT800W	800m Walk	AT4X100M	4 x 100m Relay	ATWSP1W	Wheelchair Shot Put-Female
AT1500W	1500m Walk	AT4X200M	4 x 200m Relay		

Local Program Number: _____ Local Program Name: _____

Head Coach Name: _____ Cell Phone: _____

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

REGISTRATION NOTES
- Athletes must be listed in alphabetical order by last name.
- Athletes can only participate in a maximum of three events.
- Relay teams at Celebration Games can be comprised of athletes that qualified and choose to attend the Celebration Games. Teams may not have competed at regionals together, and will have to submit a new qualifying score with state registration.

ATHLETICS ATHLETE ROSTER   Local Program Number: _____

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	HOUSING	WCH [X]	EVENT CODE		
1.			☐	☐			
2.			☐	☐			
3.			☐	☐			
4.			☐	☐			
5.			☐	☐			
6.			☐	☐			
7.			☐	☐			
8.			☐	☐			
9.			☐	☐			
10.			☐	☐			
11.			☐	☐			
12.			☐	☐			
13.			☐	☐			
14.			☐	☐			
15.			☐	☐			
16.			☐	☐			
17.			☐	☐			
18.			☐	☐			
19.			☐	☐			
20.			☐	☐			
21.			☐	☐			
22.			☐	☐			

ATHLETICS RELAY TEAM ROSTER
Local Program Number: _____ Local Program Name: _____

Each relay can have up to six athletes entered per team. Any four of the six can swim at Celebration Games.

Team Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Each team must have a unique name **15 characters long** or less.   **Event Code:** _____
This name will be used at all competitions.   **Qualifying Score:** _____

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.   **Event Code:** _____
This name will be used at all competitions.   **Qualifying Score:** _____

List in Alphabetical Order

	ATHLETE NAME (Last Name, First Name)
1.	
2.	
3.	
4.	
5.	
6.	

OFFICIAL EVENTS OFFERED:

1. BOCCE

Event Code	*Event Description*
BCTEAM	Traditional Team Competition
BCTEAMU	Unified Team Competition

Local Program Number: _____ Local Program Name: _____

Head Coach Name: _____ Cell Phone: _____

RETURN THIS FORM TO YOUR REGIONALOFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!

Team Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Each team must have a unique name, up to **15 characters long**. The name must be used at all competitions.

Event Code: ☐ BCTEAM (Traditional Team)   ☐ BCTEAMU (Unified Team)

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F	HOUSING (X)	WC (X)	UNIFIED PARTNER (X)	INDIVIDUAL BOSAT SCORE*
1.			☐	☐	☐	
2.			☐	☐	☐	
3.			☐	☐	☐	
4.			☐	☐	☐	
5.			☐	☐	☐	
6.			☐	☐	☐	

BOSAT Team Average: _____ (only top four scores†) ***** Rank:** _____ (your teams from your Program)

The team shall consist of rosters of four, five or six athletes; however, only four can compete at one time. Substitution rules will regulate the use of the fifth or sixth players. **If your Local Program is bringing multiple teams, rank your teams with one indicating the highest ability, two for the next highest ability and so forth.**

TEAM EVALUATION COMMENTS

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year, etc.

_____

_____

_____

_____

_____

_____

2022 STATE CELEBRATION GAMES
SOFTBALL TEAM REGISTRATION ROSTER

OFFICIAL EVENTS OFFERED:

1. SOFTBALL

Event Code	*Event Description*
SBTEAM	Team Softball Competition

Local Program Number: _____ Local Program Name: _____

Head Coach Name: _____ Cell Phone: _____

RETURN THIS FORM TO YOUR REGIONALOFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!

Team Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Each team must have a unique name, up to **15 characters long**. The name must be used at all competitions.

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F	HOUSING (X)	TOP 12 (X)
1.			☐	☐
2.			☐	☐
3.			☐	☐
4.			☐	☐
5.			☐	☐
6.			☐	☐
7.			☐	☐
8.			☐	☐
9.			☐	☐
10.			☐	☐
11.			☐	☐
12.			☐	☐
13.			☐	☐
14.			☐	☐
15.			☐	☐

TEAM EVALUATION COMMENTS

Briefly provide input on the ability of your team, i.e. loss or addition of key players from last year, etc.

_____

_____

_____

_____

2022 STATE CELEBRATION GAMES
TENNIS TEAM REGISTRATION ROSTER

OFFICIAL EVENTS OFFERED:
1. TENNIS

Event Code	*Event Description*
TNSING	Tennis Singles
TNINSC	Tennis Individual Skills

Local Program Number: _____ Local Program Name: _____

Head Coach Name: _____ Cell Phone: _____

RETURN THIS FORM TO YOUR REGIONALOFFICE WITH STATE REGISTRATION MATERIALS BY DEADLINE DATE!

*QUALIFYING SCORE:
- For Tennis Singles competition, Qualifying Score should come from the Player Skill Ranking taken from the Special Olympics Tennis Rating Sheet in Rules Section of Competition Guide.
- For Tennis Individual Skills competition, Qualifying Score should be the Final Score taken from the Tennis Skills Competition Scoresheet in Rules Section of Competition Guide.

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	HOUSING [X]	EVENT CODE	*QUALIFYING SCORE
1.			☐		
2.			☐		
3.			☐		
4.			☐		
5.			☐		
6.			☐		
7.			☐		
8.			☐		
9.			☐		
10.			☐		

Athletes must be listed in alphabetical order by last name.

ATHLETE EVALUATION COMMENTS

Briefly provide input on the ability of your athletes to help with divisioning:

_____