**2024 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 (four-event limit)**

***Event Code Event Description***

ASSUGL Alpine Super Glide\*

ASINSL Alpine Intermediate Slalom

ASINGS Alpine Intermediate Giant Slalom

ASINSLU Alpine Unified Intermediate Slalom

ASINGSU Alpine Unified Intermediate Giant Slalom

1. **SNOWBOARDING (four-event limit)**

***Event Code Event Description***

SBSUGL Snowboard Super Glide\*

SBINSL Snowboard Intermediate Slalom

SBINGS Snowboard Intermediate Giant Slalom

SBINSLU Snowboard Unified Intermediate Slalom

SBSINGSU Snowboard Unified Intermediate Giant Slalom

1. **CROSS COUNTRY SKIING (three-event limit)**

***Event Code Event Description***

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

CC75KLMF 7.5km Race Freestyle

CC4X5M 4X500m Relay

1. **SNOWSHOE RACING (three-event limit)**

***Event Code Event Description***

SN050M 50m Race

SN100M 100m Race

SN200M 200m Race

SN400M 400m Race

SN800M 800m Race

SN4X100M 4X100m Relay

SN4X200M 4X200m Relay

SN4X400M 4X400m Relay

\*Super Glide is an introductory race. Athletes in Super Glide may not compete in other alpine events.

\*\*Cross Country Ski athletes in the 50m and/or 100m race cannot compete in any other events.

**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 **January 1, 2024** to remain valid through **February 11, 2024**.

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. Alpine Skiing or Snowboarding athletes competing in the Super Glide may not compete in the Super Giant Slalom or Slalom.

**HOUSING:**

SOWI has room blocks at the following hotels. Both hotels are set up for direct bill to your local program in-house account at Special Olympics Wisconsin. Make sure to clarify payment type when making the reservation. You will have to provide a personal credit card for incidentals.

|  |  |
| --- | --- |
| Stoney Creek  1100 Imperial Ave, Rothschild, WI 54474  Room rate $105 per night  Call 715-355-6858 to book and mention Special Olympics  \***Make sure to include local program # with booking** | Holiday Inn & Suites Wausau-Rothschild  1000 Imperial Ave, Rothschild, WI 54474  Room rate $114 per night  [Click Here to Book Online](https://www.ihg.com/holidayinn/hotels/us/en/rothschild/wauwi/hoteldetail) with code SOW  Call 715-355-1111 with code SOW to book  \***Make sure to include local program # with booking** |

SOWI will NOT be responsible for booking rooms. However, SOWI can pay for your room via local program in-house accounts. Please mention Special Olympics Wisconsin when reserving rooms, including your local program 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.

**COMPETITION SITES:**

Granite Peak at Rib Mountain State Park: Alpine Skiing and Snowboarding

Nine Mile Forest: Cross Country Skiing and Snowshoe Racing

**MEALS:**

Saturday, February 10 Lunch and Dinner

Sunday, February 11 Breakfast

**COST: Delegates are the athletes, coaches and chaperones**

Plan A Housing See Hotel Information

Plan B Snowshoe/Cross Country Competition & All Saturday Meals $26.00 per delegate

Plan C Snowshoe/Cross Country Competition & Saturday Lunch $15.00 per delegate

Plan D Alpine/Snowboard Competition & All Saturday Meals $45.00 per delegate

Plan E Alpine/Snowboard Competition & Saturday Lunch $31.00 per delegate

**SPECIAL EVENTS:**

* Opening Ceremony / Dinner / Dance

**2024 STATE WINTER GAMES REGISTRATION**

**FORMS AND FEES CHECKLIST**

**Please Print Clearly:**

Local Program Number:       Local Program Name:

**Important:** Material will only be sent to individual listed below. Be sure the address is correct and the form complete.

Name:

Phone (Cell): (     )       E-mail:

**Head of Delegation (HOD) at the Games:\_\_**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOD Cell phone contact number while at the Games:** (     )

**Additional Emails I want information sent to:**

**Local Program Manager should be copied on every event email (if not listed above):**

**Return this form to your REGIONAL Office with State Registration Materials by the deadline date!**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Checklist of Enclosures:** | |  | **Delegates:** | | **Total Number** |
|  | Chaperone Roster |  | Male Athletes w/o wheelchairs |  |  |
|  | Registration Fees |  | Male Athletes w/ wheelchairs |  | **Subtota**l |
|  | Cross Country Athlete Roster |  | Male Coaches / Chaperones |  |  |
|  | Cross Country Relay Form |  | Female Athletes w/o wheelchairs |  |  |
|  | Alpine Skiing Athlete Roster |  | Female Athletes w/ wheelchairs |  | Subtotal |
|  | Snowshoe Athlete Roster |  | Female Coaches / Chaperones |  |  |
|  | Snowshoe Relay Form |  | Total M + F Delegates | |  |

**Registration Fees** – ***Local Programs 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. Cost listed is per DELEGATE which includes both athletes and coaches.***

Plan A: Housing *\*Please call hotel directly to book rooms\** Total Hotel Cost = $

Plan B: Snowshoe/Cross Country Competition & All Saturday Meals $26.00 x       Total Delegates = $

Plan C: Snowshoe/Cross Country Competition & Saturday Lunch $15.00 x       Total Delegates = $

Plan D: Alpine/Snowboard Competition & All Saturday Meals $45.00 x       Total Delegates = $

Plan E: Alpine/Snowboard Competition & Saturday Lunch $31.00 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.

|  |  |
| --- | --- |
| **Meals:** | **Total Number** |
| Saturday Lunch |  |
| Saturday Dinner |  |
| Sunday Pancake Breakfast |  |

\*\*\*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**

**COACH – CHAPERONE ROSTER LOCAL PROGRAM #**

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]** | **Alpine skiing coach (needs lift ticket)** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| CHAPERONES | | **M / F** | **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**

**2024 STATE WINTER GAMES**

**ALPINE SKIING AND SNOWBOARDING ATHLETE ROSTER**

**Please Print Clearly:**

Local Program Number:

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) | **Role** (ATHLETE/  PARTNER) | **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 four 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 super glide event cannot register to compete in any other event.

**2024 STATE WINTER GAMES**

**CROSS COUNTRY ATHLETE ROSTER**

**Please Print Clearly:**

Local Program Number:

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.

**2024 STATE WINTER GAMES**

**SNOWSHOE RACING ATHLETE ROSTER**

**Please Print Clearly:**

Local Program Number:

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.

**2024 STATE WINTER GAMES**

**RELAY TEAM ROSTER**

**Please Print Clearly:**

Local Program Number:       Local Program 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.