

2014 STATE FALL SPORTS TOURNAMENT

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. BOWLING

<i>Event Code</i>	<i>Event Description</i>
BOSING	Singles (one person)
BODBLE	Doubles (two person)
BOSINR	Singles – Ramp (one person)
BOTEAM	Team Bowling (four person)
BWLDEV	Developmental Singles & Ramp (one person)

2. VOLLEYBALL

<i>Event Code</i>	<i>Event Description</i>
VBTEAM	Team Competition

NOTE: Athletes can compete in only one of the events offered at the State Fall Sports Tournament. Volleyball players competing in the State competition cannot be bowling in doubles or team competition at the district level. Use of an absentee or vacancy score is not intended for this purpose.

ADDITIONAL “DAY PASS” COACHES – Please list any additional coaches who will be participating in the State Games, but are unable to travel as part of the delegation. Additional coaches must be Class A volunteers, and **MUST** have coached for the duration of the season. All names must be submitted at the time registration is due. Names cannot be added at a later date. Additional Coaches must check-in at Tournament Central before each game or event to check out a “Day Pass” which must be worn while coaching and then returned back to Tournament Central. Additional coaches will not affect the 4:1 ratio and will not be included in any meal plans.

ELIGIBILITY FOR STATE FALL SPORTS TOURNAMENT PARTICIPATION

1. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics on file in the Headquarters office postmarked by to **October 1, 2014** to remain valid through **December 6, 2014**.
2. A bowling scratch score is based on a 15-game average submitted to the Regional office along with any other registration information prior to the deadline date for a Regional tournament. (The 15-game average can be based on any documented games which have taken place since the completion of last year’s State bowling tournament.)
3. Athletes must place first, second or third at a sectional tournament to be eligible to advance to the State bowling tournaments. Teams missing a player may not advance.
4. Volleyball teams must place first in their assigned district competition to automatically qualify for State tournament play. Note: A limited number of second and third place teams may advance to fill any spaces in the tournament field.

HOUSING

In the past, Special Olympics Wisconsin (SOWI) reserved room blocks for Agencies attending the State Fall Sports Tournament. We have found that many times, these blocks are not used or rooms are booked and cancelled close to the event. This has made it difficult to book blocks of rooms as hotels lose money on cancellations. With these reasons, coupled with the fact that hotel deals are much more easily found on travel websites, SOWI has decided to cut down our reservations to one block for each Northern and Southern FST.

Southern FST (Release Date: Nov. 21st)

Wildwood Lodge: Rate \$91 night

N14 W24121 Tower Place

Pewaukee, WI 53072

262-506-2000

Milwaukee Visitors Bureau: (414) 273-3950
8788

www.visitmilwaukee.org

Northern FST

Weston Inn & Suites: Rate \$84 night

5810 Schofield Ave

Weston, WI 54476

866-912-9955

Wausau Visitors Bureau: (715) 355-

www.visitwausau.com

LOCATION:

Venue Sites: (Southern)

AMF Bowlero Lanes, Wauwatosa

Center Court Sports Complex, Waukesha

(Northern)

Weston Lanes, Weston, WI

COST: DELEGATES ARE THE ATHLETES, COACHES AND CHAPERONES

Plan C: Day Of: \$8.00 per delegate

2014 STATE FALL SPORTS TOURNAMENT 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 (**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: (_____) _____

Tournament attending: **Northern** (Eau Claire & Green Bay sectional participants)
 Southern (Madison & Milwaukee sectional participants)

**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"/>	Bowling Athlete Roster	Male Coaches / Chaperones		
<input type="checkbox"/>	Volleyball Team Registration Form(s)	Female Athletes (w/o wheelchairs)		SUBTOTAL
		Female Athletes w wheelchairs		
		Female Coaches / Chaperones		
		TOTAL M + F DELEGATES		

REGISTRATION FEES

Plan C: Day Of: competition & Saturday lunch \$ 8.00 x _____ Total Delegates = \$ _____

In-House Account (Funds will be automatically transferred)

Non In-House Accounts: Check # _____ Included in Packet Will Send to

SOWI

Date: _____

***If your delegation is staying at a hotel during the Games, please name the hotel:

MEALS

MEALS:	TOTAL NUMBER
Saturday Lunch	

"I have checked this information and found it to be complete and accurate."

Head Delegate 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.

***PLEASE INDICATE CERTIFIED COACHES AND SELECT ONE SPORT THEY ARE CERTIFIED IN.**

The roster must be typed or printed clearly.

CERTIFIED COACHES		M / F	SPORT CERTIFICATION Circle ONE	W/C [X]	AAC [X]
1.			BWL / VB	<input type="checkbox"/>	<input type="checkbox"/>
2.			BWL / VB	<input type="checkbox"/>	<input type="checkbox"/>
3.			BWL / VB	<input type="checkbox"/>	<input type="checkbox"/>
4.			BWL / VB	<input type="checkbox"/>	<input type="checkbox"/>
5.			BWL / VB	<input type="checkbox"/>	<input type="checkbox"/>
6.			BWL / VB	<input type="checkbox"/>	<input type="checkbox"/>
7.			BWL / VB	<input type="checkbox"/>	<input type="checkbox"/>
8.			BWL / VB	<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"/>

"DAY PASS" COACHES <small>**PLEASE SEE EVENT DESCRIPTION FOR SPECIFICS**</small>		M / F	W/C [X]
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>

"I verify that all 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."

Head Delegate Signature _____

Date _____