

2011-2012 EVENT CODES

FALL SPORTS SEASON

BOWLING

BOSING	Singles (one person)
BODBLE	Doubles (two person)
BOSINR	Singles – Ramp (one person)
BOTEAM	Team Bowling (four person)

VOLLEYBALL

VBTEAM	Team Competition
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WINTER SPORTS SEASON

ALPINE SKIING

ASSUGL	Alpine Super Glide Event
ASINDN	Alpine Downhill – Intermediate
ASINSL	Alpine Slalom – Intermediate
ASINGS	Alpine Giant Slalom – Intermediate

SNOWSHOE RACING

SN050M	50m Snowshoe
SN100M	100m Snowshoe
SN200M	200m Race
SN400M	400m Snowshoe
SN800M	800m Snowshoe
SN4X1M	4X100m Relay
SN4X2M	4X200m Relay
SN4X4M	4X400m Relay

CROSS COUNTRY SKIING

CC050M	50m Cross Country
CC100M	100m Cross Country
CC500M	500m Cross Country
CC1KLM	1km Cross Country
CC3KLM	3km Cross Country
CC5KLM	5km Cross Country
CC75KM	7.5km Cross Country
CC4X5M	4X500m Relay

SNOWBOARDING

SBSGL	Snowboard Super Glide Event
SBINSG	Snowboard Super G
SBINSL	Snowboard Slalom
SBINGS	Snowboard Giant Slalom

INDOOR SPORTS SEASON

GYMNASTICS – ARTISTIC

GYAVAU	Vaulting – Level A
GYAWBM	Wide Beam – Level A
GYAFLX	Floor Exercise – Level A
GYMFLX1	Men's Floor Exercise – Level 1
GYMFLX2	Men's Floor Exercise – Level 2
GYMFLX3	Men's Floor Exercise – Level 3
GYMVAU1	Men's Vaulting – Level 1
GYMVAU2	Men's Vaulting – Level 2
GYMVAU3	Men's Vaulting – Level 3
GYMHBR1	Men's Horizontal Bar – Level 1
GYMHBR2	Men's Horizontal Bar – Level 2
GYWVAU1	Women's Vaulting – Level 1
GYWVAU2	Women's Vaulting – Level 2
GYWVAU3	Women's Vaulting – Level 3
GYWUNB1	Women's Uneven Bars – Level 1
GYWUNB2	Women's Uneven Bars – Level 2
GYWUNB3	Women's Uneven Bars – Level 3
GYWBBM1	Women's Balance Beam – Level 1
GYWBBM2	Women's Balance Beam – Level 2
GYWBBM3	Women's Balance Beam – Level 3
GYWFLX1	Women's Floor Exercise – Level 1
GYWFLX2	Women's Floor Exercise – Level 2
GYWFLX3	Women's Floor Exercise – Level 3
GYWALL1	Women's All Around – Level 1
GYWALL2	Women's All Around – Level 2
GYWALL3	Women's All Around – Level 3

GYMNASTICS – RHYTHMIC

GYROPA	Rope – Level A
GYRHOOA	Hoop – Level A
GYRRIBA	Ribbon – Level A
GYRBALA	Ball – Level A
GYRBALLA	All Around – Level A
GYRROPB	Rope – Level B
GYRHOOB	Hoop – Level B
GYRRIBB	Ribbon – Level B
GYRBALB	Ball – Level B
GYRBALLB	All Around – Level B
GRRROP1	Rhythmic Rope – Level 1
GYRCLB2	Rhythmic Club – Level 2
GYRROP3	Rhythmic Rope – Level 3
GYRHOO1	Rhythmic Hoop – Level 1
GYRCLB3	Rhythmic Club – Level 3
GYRBAL1	Rhythmic Ball – Level 1
GYRBAL2	Rhythmic Ball – Level 2
GYRBAL3	Rhythmic Ball – Level 3
GYRRIB1	Rhythmic Ribbon – Level 1
GYRRIB2	Rhythmic Ribbon – Level 2
GYRRIB3	Rhythmic Ribbon – Level 3
GYRALL1	Rhythmic All Around – Level 1
GYRALL2	Rhythmic All Around – Level 2
GYRALL3	Rhythmic All Around – Level 3

INDOOR SPORTS SEASON (Continued)

BASKETBALL

BBINSC1	Individual Skills level 1
BBINSC2	Individual Skills level 2
BBTEAM	Team Basketball

SUMMER SPORTS SEASON

AQUATICS

AQ25MF	25m Freestyle
AQ50MF	50m Freestyle
AQ100MF	100m Freestyle
AQ200MF	200m Freestyle
AQ400MF	400m Freestyle
AQ25BS	25m Breaststroke
AQ50BS	50m Breaststroke
AQ100BS	100m Breaststroke
AQ25BK	25m Backstroke
AQ50BK	50m Backstroke
AQ100BK	100m Backstroke
AQ25BF	25m Butterfly
AQ50BF	50m Butterfly
AQ100BF	100m Butterfly
AQ100IM	100m Individual Medley
AQ4X25MF	4x25m Freestyle Relay
AQ4X50MF	4x50m Freestyle Relay
AQ4X1CMF	4x100m Freestyle Relay
AQ4X25MR	4x25m Medley Relay
AQ4X50MR	4x50m Medley Relay
AQ15WK	15m Walk (area & district only)
AQ15US	15m Unassisted Swim

POWERLIFTING

PLBHPR	Bench Press
PLDEAD	Deadlift
PLSQAT	Squat
PLCOMB2	Bench/Deadlift Combination Lift
PLCOMB3	Bench/Deadlift/Squat Combo Lift

SOCCER

FBTEAM	Five-A-Side Team Soccer
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ATHLETICS

AT50MR	50m run
AT100M	100m Run
AT200M	200m Run
AT400M	400m Run
AT800M	800m Run
AT1500M	1500m Run
AT3000M	3000m Run
AT25MW	25m Walk
AT100W	100m Walk
AT400W	400m Walk
AT800W	800m Walk
AT1500W	1500m Walk (Regional Level only)
AT3000W	3000m Walk
ATHIJP	High Jump
ATLNJP	Long Jump
ATSTLJ	Standing Long Jump
ATSP4M	Shot Put-Male: 12 years and older
ATSP2M	Shot Put-Male: 8-11 years of age
ATSP2W	Shot Put-Female: 12 years and older
ATSPIW	Shot Put-Female: 8-11 years of age
ATSOBT	Softball Throw
ATTJJR	Turbo Jav 15 and under
ATTJSR	Turbo Jav 16 and older
ATPENT	Pentathlon
AT4X100W	4x100m Walking Relay
AT4X100M	4 x 100m Relay
AT4X200M	4 x 200m Relay
AT4X400M	4 x 400m Relay
AT25WH	Wheelchair-25m
AT100WH	Wheelchair-100m
AT200WH	Wheelchair-200m
AT30WS	Wheelchair-30m Slalom
AT50MS	Motor Wheelchair-50m Slalom
AT30MS	Motor Wheelchair-30m Slalom
ATWHOB	Motor Wheelchair-25m Obstacle
AT4X25M	4 x 25 Wheelchair Shuttle Relay
ATWSP1M	Wheelchair Shot Put-Male
ATWSP1W	Wheelchair Shot Put-Female

OUTDOOR SPORTS SEASON

BOCCE

BCTEAM	Team Competition
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GOLF

GFASTM	Alternate Shot Team Play – Level 2
GOUNIF	Unified® Sports Team Play (9 Hole) Level 3
GFSING9	Individual Stroke Play (9 Hole) – Level 4
GFSING18	Individual Stroke Play (18 Hole) – Level 5

TENNIS

TNSING	Singles
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SOFTBALL

SBTEAM	Team Softball Competition
SBTEEB	Tee Ball Competition

2011 STATE FALL SPORTS TOURNAMENT

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. BOWLING
 - a. Ramp (Singles)
 - b. Individual (Singles)
 - c. Doubles (Any combination of males and females)
 - d. Team (Any combination of males and females)

2. Volleyball
 - a. 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.

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 prior to **October 1, 2011** to remain valid through **December 3, 2011**

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

Housing is not provided by SOWI; however, rooms have been blocked under the name "Special Olympics" at the following hotels:

Note: all hotels have a November 18, 2011 release date

Sheraton Milwaukee Brookfield : Rate: \$73 night
375 S. Moorland Rd.
Brookfield, WI 53005
262-364-1100

Brookfield Suites Hotel: Rate \$104 night
1200 S. Moorland Rd.
Brookfield, WI 53005
800-444-6404 262-796-9118

Super 8: Rate: 1 person \$55 night
2510 Plaza 2 people \$65 night
Waukesha, WI 53186
262-786-6015 800-641-1000
www.selectinn.com

Milwaukee Marriott West: Rate \$75 night
W231 N1600 Corporate Ct
Waukesha, WI 53188
800-228-9290 262-574-0888
www.marriotthotels.com

Best Western Waukesha: Rate 1 person \$60 night
2840 N Grandview Blvd 2 people \$64 night
Pewaukee, WI 53072
800-937-8376 262-524-9300
www.bestwestern.com

Ramada Limited: Rate 1-2 people \$55 night
2111 E Moreland Blvd 3 people \$65 night
Waukesha, WI 53186 4 people \$75 night
800-272-6232 262-547-7770 Suite \$99 night
www.ramada.com

Country Springs: Rate 1-2 people \$89 night
2810 Golf Rd 3 people \$99 night
Pewaukee, WI 53072 4 people \$109 night
888-540-7016 262-547-0201 Suite \$159 night
www.countrysprings.com

Comfort Suites: Rate \$89 night
N14 W24121 Tower Place
Pewaukee, WI 53072
888-506-2005 262-506-2000
www.lakecountrycorner.com

Radisson Milwaukee Pewaukee: Rate 1-2 people
N14 W24140 Tower Place \$109 night
Pewaukee, WI 53072
800-333-3333 262-506-6300
www.radisson.com/pewaukee

Price Point Inn: Rate \$59 night
532 Bluemound Rd
Waukesha, WI 53188
262-524-7996 414-350-4011

Weston Inn & Suites: Rate \$84 night
5810 Schofield Ave
Weston, WI 53476
866-912-9955 715-355-9955

Double Tree Hotel Rate \$89 night
18155 W Bluemound Rd.
Brookfield, WI 53045
262-792-1212 800-222-TREE
www.milwaukeebrookfield.doubletree.com

LOCATION:

Venue Sites: (Southern)

AMF Bowlero Lanes, Wauwatosa
AMF Waukesha Lanes, Waukesha
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

2011 STATE FALL SPORTS TOURNAMENT REGISTRATION FORMS AND FEES CHECKLIST

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Phone Number: (_____) _____ Fax: (_____) _____

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: _____

Cell phone contact number while at the Games: (_____) _____

Tournament attending: **Northern** (Eau Claire & Green Bay regional participants)
 Southern (Madison & Milwaukee regional 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		SUBTOTAL
<input type="checkbox"/>	Registration Fees	Male Wheelchair Athletes		
<input type="checkbox"/>	Bowling Athlete Roster	Male Chaperones		SUBTOTAL
<input type="checkbox"/>	Volleyball Team Registration Form(s)	Female Athletes		
		Female Wheelchair Athletes		SUBTOTAL
		Female Chaperones		
		TOTAL M + F DELEGATES		

REGISTRATION FEES

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

In-House Account: Invoice Approval form with 2 signatures enclosed Will Send to SOWI
 Non In-House Accounts: Check # _____ Included in Packet Will Send to SOWI
 Date: _____

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.

***PLEASE INDICATE CERTIFIED COACHES BY LISTING THE SPORT THEY ARE CERTIFIED IN**

The roster must be typed or printed clearly.

CERTIFIED COACHES		M / F	SPORT CERTIFICATION	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"/>

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"/>

ATHLETES – AS – COACHES ROSTER

An athlete listed below must meet all of the criteria for the SOWI Athletes-As-Coaches (AAC) program. 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).

MALES		W/C [X]	FEMALES		W/C [X]
1.		<input type="checkbox"/>	1.		<input type="checkbox"/>
2.		<input type="checkbox"/>	2.		<input type="checkbox"/>
3.		<input type="checkbox"/>	3.		<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.”

Head Delegate Signature _____

Date _____

2011 STATE FALL SPORTS TOURNAMENT BOWLING ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

Please Note:

1. Athletes must be listed in alphabetical order by last name.
2. Indicate all athletes in wheelchairs by placing an [X] next to their name.
3. Athletes can only participate in one event.

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	WHEELCHAIR [X]	EVENT CODE
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"/>	
9.			<input type="checkbox"/>	
10.			<input type="checkbox"/>	
11.			<input type="checkbox"/>	
12.			<input type="checkbox"/>	
13.			<input type="checkbox"/>	
14.			<input type="checkbox"/>	
15.			<input type="checkbox"/>	
16.			<input type="checkbox"/>	
17.			<input type="checkbox"/>	
18.			<input type="checkbox"/>	
19.			<input type="checkbox"/>	
20.			<input type="checkbox"/>	

2012 STATE WINTER GAMES

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED

ALPINE SKIING (three-event limit)

1. Super Glide**
2. Super Giant Slalom
3. Slalom
4. Giant Slalom

SNOWBOARDING (three-event limit)

1. Super Glide **
2. Slalom
3. Giant Slalom
4. Super Giant Slalom

CROSS COUNTRY SKIING (three-event limit)

1. 50m Race
2. 100m Race
3. 500m Race
4. 1km Race
5. 3km Race
6. 5km Race
7. 7.5km Race
8. 4 x 500m Relay Race

SNOWSHOE RACING (three-event limit)

1. 50m Race
2. 100m Race
3. 200m Race
4. 400m Race
5. 800m Race
6. 4X100m Relay Race
7. 4X200m Relay Race
8. 4X400m Relay Race

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

**May not compete in super Giant Slalom, slalom or giant slalom

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 prior to **December 1, 2011** to remain valid through **January 30, 2012**.
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, he/she may not be in any other races.

HOUSING:

A room block has been set up at the Holiday Inn for the agencies wishing to stay in Wausau. Agencies must make their own housing arrangements by calling (715) 355 - 1111 . The Opening Ceremony and meals will be available at the Holiday Inn. Extra rooms may also be available at the Stoney Creek Inn by calling (715) 355 - 6858.

COMPETITION SITES:

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

Downhill Skiing and Snowboarding
Cross Country Skiing and Snowshoe Racing

MEALS:

Saturday & Sunday, January 29 & 30

Saturday Lunch and Dinner; Sunday Breakfast

COST: DELEGATES ARE THE ATHLETES, COACHES AND CHAPERONES

Plan B	Competition & Meals	\$28.00 per delegate
Plan C	Competition & Saturday Lunch	\$ 8.00 per delegate
	Sunday Lunch	\$ 8.00 per delegate

SPECIAL EVENTS:

- Saturday Ceremony and Dance

2012 STATE WINTER GAMES REGISTRATION

FORMS AND FEES CHECKLIST

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Phone Number: (_____) _____ Fax: (_____) _____

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: _____

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		SUBTOTAL
<input type="checkbox"/>	Registration Fees	Male Wheelchair Athletes		
<input type="checkbox"/>	Cross Country Athlete Roster	Male Chaperones		SUBTOTAL
<input type="checkbox"/>	Cross Country Relay Form	Female Athletes		
<input type="checkbox"/>	Alpine Skiing Athlete Roster	Female Wheelchair Athletes		SUBTOTAL
<input type="checkbox"/>	Snowshoe Athlete Roster	Female Chaperones		
<input type="checkbox"/>	Snowshoe Relay Form	TOTAL M + F DELEGATES		

REGISTRATION FEES – Entire Agency MUST register for one plan. No exceptions!

Plan B: competition & meals	\$ 28.00 x _____	Total Delegates = \$ _____
Plan C: Day Of: competition & Saturday lunch	\$ 8.00 x _____	Total Delegates = \$ _____
Sunday lunch (not included w/registration)	\$ 8.00 x _____	Total Delegates = \$ _____
		Total\$ _____

Date: _____

In-House Account: Invoice Approval form with 2 signatures enclosed Will Send to SOWI

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

A room block has been set up at the Holiday Inn (715) 355 – 1111 for the agencies wishing to stay in Wausau. Agencies must make their own housing arrangements. The Opening Ceremony and meals will be available at the Holiday Inn. Extra rooms may also be available at the Stoney Creek Inn (715) 355 - 6858.

MEALS

	MEALS:	TOTAL NUMBER
	Saturday Lunch	
	Saturday Dinner	
	Sunday Breakfast	
	Sunday Lunch (separate fee)	

"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 ration 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 allowed. All chaperones must be approved, active SOWI Class A approved volunteers by the entry deadline date.

***PLEASE INDICATE CERTIFIED COACHES BY LISTING THE SPORT THEY ARE CERTIFIED IN**

The roster must be typed or printed clearly.

CERTIFIED COACHES		M / F	SPORT CERTIFICATION	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"/>

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"/>

ATHLETES – AS – COACHES ROSTER

An athlete listed below must meet all of the criteria for the SOWI Athletes-As-Coaches (AAC) program. 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).

MALES		W/C [X]	FEMALES		W/C [X]
1.		<input type="checkbox"/>	1.		<input type="checkbox"/>
2.		<input type="checkbox"/>	2.		<input type="checkbox"/>
3.		<input type="checkbox"/>	3.		<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.”

Head Delegate Signature _____

Date _____

2012 STATE WINTER GAMES

ALPINE SKIING AND SNOWBOARDING ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**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.

2012 STATE WINTER GAMES CROSS COUNTRY ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**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.

2012 STATE WINTER GAMES SNOWSHOE RACING ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**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.

2012 STATE INDOOR SPORTS TOURNAMENT

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. Basketball
 - a. Team Basketball (Full-Court)
 - b. Individual Basketball Skills Contest Levels 1 and 2
 - 1) Level 1 (Event Code: BBINSC1)
 - a) Target Pass
 - b) 10m Dribble
 - c) Spot Shot
 - 2) Level 2 (Event Code: BBINC2)
 - a) Dribbling
 - b) Perimeter Shooting
 - c) Low Post Turn and Shoot

2. Gymnastics
 - a. Men's Artistic
 - 1) Floor Exercise
 - 2) Vault
 - 3) Horizontal Bar Level 1 and 2 only
 - b. Women's Artistic
 - 1) Vault
 - 2) Uneven Bars
 - 3) Balance Beam
 - 4) Floor Exercise
 - 5) All Around
 - c. Level A Men's or Women's Artistic
 - 1) Level A Floor Exercise
 - 2) Level A Vault
 - 3) Level A Balance Beam
 - d. Women's Rhythmic
 - 1) Hoop
 - 2) Ribbon
 - 3) Ball
 - 4) Rope
 - 5) Clubs
 - 6) All Around
 - 7) Level A Hoop
 - 8) Level A Ribbon
 - 9) Level A Ball
 - 10) Level A Rope
 - 11) Level A All-Around
 - 12) Level B Hoop
 - 13) Level B Ribbon
 - 14) Level B Ball
 - 15) Level B Rope
 - 16) Level B All-Around

ELIGIBILITY FOR INDOOR SPORTS TOURNAMENT PARTICIPATION

1. Valid Official Special Olympics Release Form Application for Participation in Special Olympics on file in the Headquarters office prior to **February 1, 2012** to remain valid through **April 8, 2012**.
2. Athletes must participate in eight weeks of official Special Olympics training prior to competition.
3. SOWI will issue a quota to each Region for State basketball skills participation based on the current year of Region involvement. Gymnastics is a straight to state competition; athletes may register with no qualifying event participation necessary Each Region will, in turn, give a quota of participants to each agency (**refer to General Competition Policies, Introduction and General Information Section for Advancement Policy**).
4. Teams must place first in their assigned sectional competitions 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:

Housing Gruenhagen Conference Center, UW – Oshkosh
Housing Available April 8 & 9, 2011

COMPETITION:

UW – Oshkosh Kolf Fieldhouse and Albee Hall	Team Basketball
UW – Oshkosh Albee Hall	Basketball Skills
UW – Oshkosh Kolf Fieldhouse (Lower Level)	Gymnastics

MEALS:

Friday, April 8	Dinner
Saturday, April 9	Breakfast, Lunch and Dinner
Sunday, April 10	Breakfast Lunch – Separate cost

COST:

Delegates are the athletes, coaches and chaperones

Plan A:	Resident	\$52.00 per delegate-Housing, All Meals, Competition
Plan B:	Non-Resident	\$28.00 per delegate-All Meals and Competition
Plan C:	Day Of - Saturday	\$ 8.00 per delegate-Lunch and Competition
	Sunday Lunch (extra cost)	\$ 8.00 per delegate

* Agencies within 30 miles of Oshkosh must choose Plan B or C

SPECIAL EVENTS:

- Ceremony
- Dance
- Healthy Athletes

2012 STATE INDOOR SPORTS TOURNAMENT REGISTRATION FORMS AND FEES CHECKLIST

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Phone Number: (_____) _____ Fax: (_____) _____

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: _____

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	<input type="checkbox"/>	Male Athletes	SUBTOTAL
<input type="checkbox"/>	Registration Fees	<input type="checkbox"/>	Male Wheelchair Athletes	
<input type="checkbox"/>	Team Entry Form(s)	<input type="checkbox"/>	Male Chaperones	
<input type="checkbox"/>	Basketball Skills Form(s)	<input type="checkbox"/>	Female Athletes	SUBTOTAL
<input type="checkbox"/>	Gymnastics Form(s)	<input type="checkbox"/>	Female Wheelchair Athletes	
		<input type="checkbox"/>	Female Chaperones	
		TOTAL M + F DELEGATES		

REGISTRATION FEES – Entire Agency **MUST** register for one plan. No exceptions!

Plan A: Housing: competition & all meals (except Sun. lunch) \$52.00 x _____ Total Delegates = \$ _____

Plan B: No Housing: competition & all meals(except Sun. lunch) \$28.00 x _____ Total Delegates = \$ _____

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

Sunday lunch (not included w/registration) \$ 8.00 x _____ Total Delegates = \$ _____

Total = \$ _____

In-House Account: Invoice Approval form with 2 signatures enclosed Will Send to SOWI

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

* Agencies within 30 miles of Oshkosh must choose Plan B or C Date _____

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	

“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 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 allowed. All chaperones must be approved, active SOWI Class A approved volunteers by the entry deadline date.

***PLEASE INDICATE CERTIFIED COACHES BY LISTING THE SPORT THEY ARE CERTIFIED IN**

The roster must be typed or printed clearly.

CERTIFIED COACHES		M / F	SPORT CERTIFICATION	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"/>

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"/>

ATHLETES – AS – COACHES ROSTER

An athlete listed below must meet all of the criteria for the SOWI Athletes-As-Coaches (AAC) program. 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).

MALES		W/C [X]	FEMALES		W/C [X]
1.		<input type="checkbox"/>	1.		<input type="checkbox"/>
2.		<input type="checkbox"/>	2.		<input type="checkbox"/>
3.		<input type="checkbox"/>	3.		<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.”

Head Delegate Signature _____

Date _____

2012 STATE INDOOR SPORTS TOURNAMENT BASKETBALL ATHLETE ROSTER

BASKETBALL INDIVIDUAL SKILLS

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	M/F	EVENT CODE	BASKETBALL HOOP HEIGHT*	BASKETBALL SIZE MEN/WOMEN*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Athletes must be listed in alphabetical order by last name.
Indicate all athletes in wheelchairs by placing an [X] next to their name.

2012 STATE INDOOR SPORTS TOURNAMENT GYMNASTICS ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	WHEELCHAIR [X]	EVENT CODE		
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"/>			
9.			<input type="checkbox"/>			
10.			<input type="checkbox"/>			

(OVER)

25E

2012 STATE GYMNASTICS ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	WHEELCHAIR [X]	EVENT CODE		
11.			<input type="checkbox"/>			
12.			<input type="checkbox"/>			
13.			<input type="checkbox"/>			
14.			<input type="checkbox"/>			
15.			<input type="checkbox"/>			
16.			<input type="checkbox"/>			
17.			<input type="checkbox"/>			
18.			<input type="checkbox"/>			
19.			<input type="checkbox"/>			
20.			<input type="checkbox"/>			

Athletes must be listed in alphabetical order by last name.
 Indicate all athletes in wheelchairs by placing an [X] next to their name.
 Athletes can only participate in one of the three event categories.

2012 STATE SUMMER GAMES

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED: Athletes can only be entered in one sport at the Summer Games.

ATHLETICS

1. 50m Run
2. 100m Run
3. 200m Run
4. 400m Run
5. 800m Run
6. 1500m Run
7. 3000m Run
8. 4x100m Walking Relay
9. 4 x 100m Relay
10. 4 x 200m Relay
11. 4 x 400m Relay
12. 25m Walk
13. 100m Walk
14. 400m Walk (Off Track)
15. 800m Walk (Off Track)
16. 3000m Walk (Off Track)
17. High Jump
18. Long Jump
19. Standing Long Jump
20. Shot Put
 - a. Men – 4kg / 8.13lbs
 - b. Men (8 – 11) 2.72 / 6lbs
 - c. Women – 2.72kg / 6lbs
 - d. Women (8 – 11) 1.8kg / 4lbs
21. Softball Throw
22. Turbo Jav 15 and under – 300 gram
23. Turbo Jav 16 and older – 400 gram
24. Pentathlon
 - a. 100m Run
 - b. Long Jump
 - c. Shot Putt
 - d. High Jump
 - e. 400m Run

WHEELCHAIR EVENTS: Motorized

1. 30m Slalom
2. 50m Slalom
3. 25m Obstacle

WHEELCHAIR EVENTS: Non-Motorized

1. 25m
2. 100m
3. 200m
4. 30m Non-Motorized Slalom
5. 4x 25m Shuttle Relay
6. Shot Put
 - a. Men – 1.81kg / 4lbs

- b. Women – 1.816kg / 4lbs

AQUATICS

1. Freestyle
 - a. 25m
 - b. 50m
 - c. 100m
 - d. 200m
 - e. 400m
2. Breaststroke
 - a. 25m
 - b. 50m
 - c. 100m
3. Butterfly
 - a. 25
 - b. 50m
 - c. 100m
4. Backstroke
 - a. 25m
 - b. 50m
 - c. 100m
5. 100m Individual Medley
6. Freestyle Relay
 - a. 4 x 25m
 - b. 4 x 50m
 - c. 4 x 100m
7. Medley Relay
 - a. 4 x 25m
 - b. 4 x 50m
8. 15m Unassisted Swim

SOCCER

1. Five-A-Side Team Competition

POWERLIFTING

1. Bench Press
2. Dead Lift
3. Squat
4. Dead Lift, Bench Press Combination Lift*
5. Dead Lift, Bench Press & Squat Combination

*Athletes can enter only one combination lift category in addition to a maximum of three individual lifts.

ELIGIBILITY FOR SUMMER SPORTS SEASON PARTICIPATION

1. Valid Official Special Olympics Release Form and Application For Participation in Special Olympics on file in the Headquarters office prior to **April 1, 2012** to remain valid through **June 9, 2011**
2. An athlete in athletics may participate in a maximum of three events (three individual, two individual and one relay, or one individual and two relays). An athlete in aquatics may compete in a maximum of two individual events and two relay event as long as he or she has successfully qualified for each event. Athletes registered for two relays may only be entered once in each relay event.
3. Pentathlon athletes may not enter any other individual event but may compete in any two relays.
4. Wheelchair athletes may enter a maximum of three athletic events. Motorized wheelchair athletes may not enter non-motorized events and vice versa. Bicycles, scooters, tricycles or any gear/pedal-powered vehicles are not legal in any wheelchair competition.
5. Soccer 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.
6. SOWI will issue to each Region a quota for State Summer Games athletics, aquatics and powerlifting participation based on the current year of regional involvement. Each Region will give a quota of participants to each Agency (**refer to General Competition Policies, Introduction and General Information Section for Advancement Policy**). Soccer teams (eligible by district finish) and powerlifters will not count as part of agencies' Summer Games quotas.

HOUSING:

Housing Available:

UW – Stevens Point Residence Halls

Thursday, June 9 and Friday, June 10, 2011

LOCATION:

University of Wisconsin, Stevens Point Campus

MEALS:

Thursday, June 9:

Dinner

Friday, June 10:

Breakfast, Lunch and Dinner

Saturday, June 11:

Breakfast

Lunch – Separate fee

COST:

Delegates are all athletes, coaches and chaperones.

Plan A

Housing:

\$52.00 per delegate

Housing, competition, all meals except Sat. lunch

Plan B

No housing:

\$28.00 per delegate

Competition & all meals except Sat. lunch

Plan C

Day Of:

\$ 8.00 per delegate

Competition & Friday lunch

Lunch: Saturday

\$ 8.00 per delegate

* Agencies located within 30 miles of Stevens Point must choose Plan B or C.

SPECIAL EVENTS:

- Opening Ceremony, Closing Ceremony/Dance
- Victory Village
- Healthy Athletes
- Young Athletes

2012 STATE SUMMER GAMES REGISTRATION FORMS AND FEES CHECKLIST

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Phone Number: (_____) _____ Fax: (_____) _____

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: _____

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
<input type="checkbox"/>	Chaperone Roster	Male Athletes		SUBTOTAL
<input type="checkbox"/>	Registration Fees	Male Wheelchair Athletes		
<input type="checkbox"/>	Soccer Team Entry Forms	Male Chaperones		SUBTOTAL
<input type="checkbox"/>	Relay Entry Forms	Female Athletes		
<input type="checkbox"/>	Aquatics Roster	Female Wheelchair Athletes		SUBTOTAL
<input type="checkbox"/>	Athletics Roster	Female Chaperones		
<input type="checkbox"/>	Powerlifting Roster	TOTAL M + F DELEGATES		

REGISTRATION FEES – Entire Agency **MUST** register for one plan. No exceptions!

Plan A: Housing: Competition & all meals (except Sat. lunch) \$52.00 x _____ Total Delegates = \$ _____

Plan B: No Housing: Competition & all meals (except Sat. lunch) \$28.00 x _____ Total Delegates = \$ _____

Plan C: Day Of: Competition & Friday lunch \$ 8.00 x _____ Total Delegates = \$ _____

Saturday lunch (not included w/registration) \$ 8.00 x _____ Total Delegates = \$ _____

Total = \$ _____

In-House Account: Invoice Approval form with 2 signatures enclosed Will Send to SOWI

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

* Agencies within 30 miles of Stevens Point must choose Plan B or C Date _____

HOUSING AND MEALS

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

“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 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 allowed. All chaperones must be approved, active SOWI Class A volunteers by the entry deadline date.

***PLEASE INDICATE CERTIFIED COACHES BY LISTING THE SPORT THEY ARE CERTIFIED IN**

The roster must be typed or printed clearly.

CERTIFIED COACHES		M / F	SPORT CERTIFICATION	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"/>

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"/>

ATHLETES – AS – COACHES ROSTER

An athlete listed below must meet all of the criteria for the SOWI Athletes-As-Coaches (AAC) program. 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).

MALES		W/C [X]	FEMALES		W/C [X]
1.		<input type="checkbox"/>	1.		<input type="checkbox"/>
2.		<input type="checkbox"/>	2.		<input type="checkbox"/>
3.		<input type="checkbox"/>	3.		<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.”

Head Delegate Signature _____

Date _____

2012 STATE SUMMER GAMES AQUATICS ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	WCH [X]	IN WATER START √	EVENT CODE			
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"/>				
9.			<input type="checkbox"/>	<input type="checkbox"/>				
10.			<input type="checkbox"/>	<input type="checkbox"/>				
11.			<input type="checkbox"/>	<input type="checkbox"/>				
12.			<input type="checkbox"/>	<input type="checkbox"/>				
13.			<input type="checkbox"/>	<input type="checkbox"/>				
14.			<input type="checkbox"/>	<input type="checkbox"/>				
15.			<input type="checkbox"/>	<input type="checkbox"/>				

Athletes must be listed in alphabetical order by last name.

Indicate all athletes in wheelchairs by placing an [X] next to their name.

Athletes can only participate in a maximum of two individual events and two relays.

2012 STATE SUMMER GAMES ATHLETICS ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

	ATHLETE NAME (LAST NAME, FIRST NAME)	M/F	WCH [X]	CATEGORY (LETTER)	EVENT CODE		
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"/>				
9.			<input type="checkbox"/>				
10.			<input type="checkbox"/>				
11.			<input type="checkbox"/>				
12.			<input type="checkbox"/>				
13.			<input type="checkbox"/>				
14.			<input type="checkbox"/>				
15.			<input type="checkbox"/>				

Athletes must choose events by category only. Categories are listed in the Competition Guide under General Rules for Athletics.
 An athlete in athletics may participate in a maximum of three events (three individual, two individual and one relay, or one individual and two relays).
 Wheelchair athletes may be entered in a maximum of three events.
 Athletes in relays must also be entered on the relay team forms.

2012 STATE SUMMER GAMES **POWERLIFTING ATHLETE ROSTER**

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)		M/F
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

2012 STATE OUTDOOR SPORTS TOURNAMENT

EVENT DESCRIPTION

OFFICIAL EVENTS OFFERED:

1. Softball [12" Slow Pitch]
 - a. Team
2. Tee Ball
3. Tennis
 - a. Singles
4. Golf [Can only be in one level]
 - b. Level 2 – Alternate Shot
 - c. Level 3 – Unified Team Play
 - d. Level 4 – 9 Hole Stroke Play
 - e. Level 5 – 18 Hole Stroke Play
5. Bocce
 - a. Team [four-person]

NOTE: Athletes can compete in only one of the five sports offered at the State Outdoor Sports Tournament.

ELIGIBILITY FOR OUTDOOR SPORTS TOURNAMENT PARTICIPATION

- 1 Valid Official Special Olympics Release Form, Application For Participation in Special Olympics and Unified Sports® Partner Application on file in the Headquarters office prior to **June 15, 2012** to remain valid through **August 5, 2012**. Note: Even though golf alternate shot partners do not function in the same role as Unified Sports® partners, golf alternate shot partners must have a valid Unified Sports® Partner Application for Participation Form on file with the Program office by the OST medical deadline.
- 2 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.
- 3 SOWI will issue a team State quota for each district tournament based on total 2012 participation statewide.
- 4 Golf and tennis district competition will receive quota by registration numbers for the State Outdoor Sports Tournament.

LOCATION:

Housing: UW – Eau Claire Residence Halls
Housing Available: August 5 & 6, 2011

COMPETITION:

UW – Eau Claire Campus	Tennis
Hickory Hills Golf Course	Golf
Bollinger Complex	Softball and Tee Ball

COST: Delegates are all athletes, coaches and chaperones

Plan A	Housing:	\$52.00 per delegate housing, competition, all meals except Sun. lunch
Plan B	No Housing:	\$28.00 per delegate competition & all meals except Sunday lunch
Plan C	Saturday:	\$ 8.00 per delegate Saturday lunch and competition
	Sunday lunch:	\$ 8.00 per delegate (not included in registration)

*Agencies located within 30 miles of Eau Claire must choose Plan B or C.

SPECIAL EVENTS:

- Ceremony and Dance
- Welcoming Picnic/Music
- Healthy Athletes

2012 STATE OUTDOOR SPORTS TOURNAMENT REGISTRATION

FORMS AND FEES CHECKLIST

Please Print Clearly:

Agency Number: _____ Agency Name: _____

Phone Number: (_____) _____ Fax: (_____) _____

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: _____

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		SUBTOTAL
<input type="checkbox"/> Registration Fees	Male Wheelchair Athletes		
<input type="checkbox"/> Softball/Tee Ball Entry Form(s)	Male Chaperones		SUBTOTAL
<input type="checkbox"/> Bocce Form(s)	Female Athletes		
<input type="checkbox"/> Tennis Entry Form(s)	Female Wheelchair Athletes		SUBTOTAL
<input type="checkbox"/> Golf Entry Form(s)	Female Chaperones		
TOTAL M + F DELEGATES			

REGISTRATION FEES – Entire Agency MUST register for one plan. No exceptions!

Plan A: Housing: Competition & all meals (except Sun. lunch) \$52.00 x _____ Total Delegates = \$ _____

Plan B: No Housing: Competition & all meals (except Sun. lunch) \$28.00 x _____ Total Delegates = \$ _____

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

Sunday lunch (not included w/registration) \$ 8.00 x _____ Total Delegates = \$ _____

In-House Account: Invoice Approval form with 2 signatures enclosed Will Send to SOWI

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

* Agencies within 30 miles of Eau Claire must choose Plan B or C Date _____

HOUSING & 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	

Shuttle service will be provided throughout the State Outdoor Sports Tournament.

“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 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 allowed. All chaperones must be approved, active SOWI Class A volunteers by the entry deadline date.

***PLEASE INDICATE CERTIFIED COACHES BY LISTING THE SPORT THEY ARE CERTIFIED IN.**

The roster must be typed or printed clearly.

CERTIFIED COACHES		M / F	SPORT CERTIFICATION	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"/>

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"/>

ATHLETES – AS – COACHES ROSTER

An athlete listed below must meet all of the criteria for the SOWI Athletes-As-Coaches (AAC) program. 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).

MALES		W/C [X]	FEMALES		W/C [X]
1.		<input type="checkbox"/>	1.		<input type="checkbox"/>
2.		<input type="checkbox"/>	2.		<input type="checkbox"/>
3.		<input type="checkbox"/>	3.		<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.”

Head Delegate Signature _____

Date _____

2012 STATE OUTDOOR SPORTS TOURNAMENT TENNIS SINGLES ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

Player Skill Ranking: Take from Special Olympics Tennis Rating Sheet in Rules Section of Competition Guide.

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

Athletes must be listed in alphabetical order by last name.

2012 STATE OUTDOOR SPORTS TOURNAMENT GOLF ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

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

	ATHLETE NAME (LAST NAME, FIRST NAME)	UNIFIED PARTNER [X]	M/F	EVENT CODE
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"/>		
9.		<input type="checkbox"/>		
10.		<input type="checkbox"/>		
11.		<input type="checkbox"/>		
12.		<input type="checkbox"/>		
13.		<input type="checkbox"/>		
14.		<input type="checkbox"/>		
15.		<input type="checkbox"/>		
16.		<input type="checkbox"/>		
17.		<input type="checkbox"/>		
18.		<input type="checkbox"/>		
19.		<input type="checkbox"/>		
20.		<input type="checkbox"/>		

Athletes must be listed in alphabetical order by last name.
Athletes can only participate in one level of competition.

