

2019 Unified Sports Holiday Classic Powerlifting Registration

Due: October 28, 2019

Participation fee for this event is \$20.00

Local Program: _____

Local Coordinator: _____

Email: _____

Please count only those participants and personnel for Powerlifting.

Participant and Personnel Counts

	Count
Athlete	
Partner	
Local Coordinator	
Coach	
Assistant Coach	
Chaperone	
Hometown Escort	

For information regarding powerlifting competition please contact:

Sara Pierson

sarap@soct.org

203-230-1201 x 229

Special Olympics CT Powerlifting Events

Combination (Bench press and Dead lift)

Combination Unified (Bench press and Dead lift)

EVENT	CODE	SCORE
Male Combination (Bench and Dead Lift)	PLCOMB2	Weight Class
Combination Unified (Bench and Dead Lift)	PLCOMBU2	Weight Class
Female Combination (Bench and Dead Lift)	PLCOMB2F	Weight Class

Registration is sent to:

**Special Olympics CT
2666 State St., Suite 1
Hamden, CT 06517
Attention Sue Mohr**

Please send registration via secure email to:

Sue Mohr susanm@soct.org

Powerlifting Registration Form

Local Program Name: _____

Coach Information			
First/Last Name	Home Phone	Cell Phone	Email Address
Street/City/Zip	City	Zip	

	First/Last Name	DOB	M/F	A/P	Event	Weight Class
1				A		
2				A		
3				A		
4				A		
5				A		
6				A		
7				A		
8				A		
9				A		
10				A		
11				A		
12				A		
13				A		

Powerlifting Registration Form

Local Program Name: _____

Coach Information			
First/Last Name	Home Phone	Cell Phone	Email Address
Street/City/Zip	City	Zip	

	First/Last Name	DOB	M/F	A/P	Event	Weight Class
1				A		
2				A		
3				A		
4				A		
5				A		
6				A		
7				A		
8				A		
9				A		
10				A		
11				A		
12				A		
13				A		

Powerlifting Registration Form

Local Program Name: _____

Coach Information			
First/Last Name	Home Phone	Cell Phone	Email Address
Street/City/Zip	City	Zip	

First/Last Name	DOB	M/F	A/P	Event	Weight Class
			A	PLCOMBU (Bench,Dead Lift)	
			P	PLCOMBU (Bench,Dead Lift)	
			A	PLCOMBU (Bench,Dead Lift)	
			P	PLCOMBU (Bench,Dead Lift)	
			A	PLCOMBU (Bench,Dead Lift)	
			P	PLCOMBU (Bench,Dead Lift)	
			A	PLCOMBU (Bench,Dead Lift)	
			P	PLCOMBU (Bench,Dead Lift)	
			A	PLCOMBU (Bench,Dead Lift)	
			P	PLCOMBU (Bench,Dead Lift)	

Special Olympics Connecticut
Roster Appeal / Scratch Form

For all TEAM SPORTS- Roster changes will be accepted up to TWO WEEKS prior to the qualifying event. Participants added to your team roster must have all certifications current with SOCT.

For all sports- Participant scratches will be accepted TWO WEEKS prior to the state event. Programs will be charged the registration fee for participants scratched after the scratch deadline. Please refer to the Dates to Remember calendar for this date.

Delegation _____

Please remove (**scratch**) from this delegation

Name

- 1 _____
- 2 _____
- _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____

Please add to this delegation

Name

Event

Team Name *if applicable*

- | | | |
|---------|-------|-------|
| 1 _____ | _____ | _____ |
| 2 _____ | _____ | _____ |
| 3 _____ | _____ | _____ |
| 4 _____ | _____ | _____ |
| 5 _____ | _____ | _____ |
| 6 _____ | _____ | _____ |
| 7 _____ | _____ | _____ |

Date:

Submitted _____

Instructions for Registering Personnel

All of the personnel listed below are to have their Class A certifications current before being registered . Programs may not register more Head Coaches, Assistant Coaches, Chaperones, and Hometown Escorts than the number of registered athletes.

Local Coordinators: Each Delegation (Local Program) is allotted space for two Local Coordinators (LC). Please list the LC responsible for overseeing the event Checklist page. Registration fees do not apply to the two Local Coordinators

ADDITIONAL PERSONNEL:

Head Coach: Please list the Head Coach for each sport with their current contact information on each roster page. Head Coaches are not listed on the personnel page.

Assistant Coach: Please list Assistant Coaches on the personnel page.

Chaperone: Please list Chaperones on the personnel page.

Hometown Escorts: Please list Hometown Escorts on the Personnel Page.
Hometown Escorts are individuals that delegations recruit to meet the team during the day.

Additional Personnel Ratio:

3 Athletes to 1 Additional Personnel

1 Athlete to 1 Additional Personnel for athletes who use a wheelchair, are legally blind or other special circumstances. Special circumstances include medical or behavioral issues. Please indicate the athlete name on the roster page with an astrisk* if they need a 1:1.

