

2019 Unified Sports Holiday Classic Bowling

Due: October 28, 2019

Participation fee for this event is \$20.00

Local Program: _____

Local Coordinator (attending this event): _____

Email: _____

Please count only those participants and personnel for **Bowling**.

	Count
Athlete	
Partner	
Local Coordinator	
Coach	
Assistant Coach	
Chaperone	
Hometown Escort	

For information regarding bowling competition please contact:

Sue Mohr susanm@soct.org 203-230-1201x239

Submit registration to susanm@soct.org via secure email

Event Information

Individual	Single	BOSING
	Ramp Unassisted	BOSINR
	Ramp Assisted	BOSASR

*Please use scores from 12 games to determine average or use last year's score.

Doubles	Unified Sports	BODBLEU
Doubles	Traditional	BODBLE
Doubles	Unified Family Doubles	BODBLEUF

Team	Unified Sports	BOTEAMU
Team	Traditional	BOTEAM
	Unified Family Team	BOTEAMUF

Absence or Withdrawal of Bowlers for Team Bowling

Doubles - If a player is unable to attend on the day of the state competition, the doubles pairing becomes void.

Teams - If any player is unable to attend on the day of the State Competition, the team becomes void. Any remaining players will bowl for a participation ribbon only.

Forms are sent to:

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

For information regarding bowling competition please contact:

Sue Mohr susanm@soct.org 203-230-1201x239

Email registration via secure email to: susanm@soct.org.

Traditional Team bowling (4 person and doubles) competition is only on SUNDAY MORNING in Milford.

RAMP RULES

Ramp unassisted bowl

1. Athlete aims ramp into position unassisted.
2. Athlete positions ball on the ramp with assistance and pushes ball down ramp toward target. An assistant must have his/her back to the pins at all times.
3. A bowler may be allowed to bowl up to three frames consecutively.

Ramp Assisted

1. An assistant may aim the ramp toward the pins, but must at all times have his/her back to the pins and aim based on direction (either verbally or by physical cues) from the athlete.

Ramp bowlers participating in Unified events must be ramp unassisted bowlers.

Bowling Doubles Registration Form

Local Program Name:			
Please list the Head Coach contact information below			
First/Last Name	Home Phone	Cell Phone	Email Address
Street	City	Zip	

First/Last Name	DOB	M/F	A/P	Event	Average	Team Name	W/Chair/ Ramp

Bowling Team Registration Form

Local Program Name:			
Please list Head Coach Information below			
First / Last Name	Home Phone	Cell Phone	Email Address
Street	City	Zip	

First / Last Name	DOB	M/F	A/P	Event	Average	Team Name	Wheel Chair/Ramp

Instructions for Registering Personnel

All of the individuals listed below are to have their Class A certifications including Protective Behaviors current before being registered for any SOCT event.

Unified Partners are not additional personnel and should only be on your roster pages.

Local Coordinators:

Please list the LC responsible for overseeing the delegation at the event on the Checklist page.

ADDITIONAL PERSONNEL:

Head Coach: Please list the Head Coach for each sport with their current contact information on each roster 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.

Additional Personnel

Local Program: _____

List **only** those who have completed the Class A screening process and completed Protective Behaviors below.
Please specify Junior vs/ Senior for those in your delegation with the same name.

List the day which a group home staff person (registered as a chaperone or hometown escort) will attend.

	First/Last Name	Email	Type	Group Home Staff Day
1				N/A
2				N/A
3				N/A
4				N/A
5				N/A
6				N/A
				N/A
8				N/A
9				N/A
10				N/A
11				N/A
12				N/A
13				N/A
14				N/A
15				N/A
16				N/A
17				N/A
18				N/A
19				N/A
20				N/A

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 by: _____