

2010 WINTER GAMES  
ALPINE SKIING  
REGISTRATION PACKET



2010 WINTER GAMES  
ALPINE SKIING  
REGISTRATION CHECKLIST  
Due February 3, 2010

Delegation \_\_\_\_\_

Local Coordinator \_\_\_\_\_

Street \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ email \_\_\_\_\_

PARTICIPANT COUNTS

Athlete \_\_\_\_\_ Partner \_\_\_\_\_

Total Participant Overnight \_\_\_\_\_ Total Participant Meal Count \_\_\_\_\_

Participant Fee for this sport is \$40.00

ADDITIONAL PERSONNEL COUNTS

Local Coordinator \_\_\_\_\_ Coaches \_\_\_\_\_ Chaperones \_\_\_\_\_

Total Additional Personnel Overnight \_\_\_\_\_

Total Additional Personnel Meal Count \_\_\_\_\_

**ATHLETE/COACH RATIO IS 3:1 (WHEEL CHAIR ATHLETES ARE 1:1 RATIO)**

**Additional coaches over the athlete/coach ratio will be charged \$175.**

Enclosed (please check)

Rosters \_\_\_\_\_

Additional Personnel Form \_\_\_\_\_

Housing Form \_\_\_\_\_

**LIFT TICKET COUNT**

Please indicate **total** number of lift tickets  
needed for your team.

\_\_\_\_\_

**LOCAL COORDINATOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**REGIONAL STAFF SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## **Event Codes:**

10 Meter Walk	AS10MR
Glide Event	ASGLID
Super Glide Event	ASPNOV
Super G*	ASSG
Unified Super G*	ASUSG
Giant Slalom*	ASGTSL
Unified Giant Slalom*	ASUGTS
Slalom*	ASSLAL
Unified Slalom*	ASUSLA
Snowboard Giant Slalom*	SNGTSL
Snowboard Super G *	SNSG

### **\*LEVELS REQUIRED ON REGISTRATION**

LEVELS: 1- Novice  
2- Intermediate  
3- Advanced

All athletes must compete in the same level in all events (i.e. Advanced Alpine Skiers can only ski advanced courses)

Athletes may register for two (2) events within the same level for Traditional and Unified Sports® Alpine.

Registration is due to your Regional Office February 3, 2010

#### **SOCT NWR**

1459 South Britain Rd  
  
Southbury, CT 06488  
morganr@soct.org

#### **SOCT Eastern Region**

401 W. Thames Street  
Suite 107  
Norwich, CT 06360  
ritaf@soct.org

#### **SOCT SWR**

101 Merritt Boulevard  
Suite 10  
Trumbull, CT 06611  
jenniferw@soct.org

# ALPINE INDIVIDUAL SKIING ROSTER

DELEGATION \_\_\_\_\_

HEAD COACH \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME	DOB	M/F	EVENT	LEVEL	TIME
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

## ALPINE INDIVIDUAL SKIING ROSTER

NAME	DOB	M/F	EVENT	LEVEL	TIME
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					

# ALPINE UNIFIED SKIING ROSTER

DELEGATION \_\_\_\_\_

HEAD COACH \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ email \_\_\_\_\_

<b>NAME</b>	<b>A/P</b>	<b>M/F</b>	<b>DOB</b>	<b>EVENT</b>	<b>TIME</b>
1					
2					
3					
4					
5					
6					
7					
8					

**ADDITIONAL PERSONNEL FORM**

**LOCAL PROGRAM** \_\_\_\_\_

**ASSISTANT COACHES**

<b>Name</b>	<b>Address</b>	<b>Phone</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

**CHAPERONES**

<b>Name</b>	<b>Address</b>	<b>Phone</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

No Registration Fees will be charged for Coaches. We will however adhere to the 3:1 Athlete to Coach Ratio. Special request must be made in writing to request additional personnel for special needs participants. All others over the 3:1 ratio will be charged a fee of \$175 that covers housing and meal expenses.

**ADDITIONAL PERSONNEL FORM, continued**

**HOMETOWN ESCORTS:**

Hometown Escorts are individuals that you recruit who will be coming to meet your team during the day. These individuals are not to be included in your housing counts or on your housing forms as they are not allowed to stay overnight.

<b>Name</b>	<b>Address</b>	<b>Phone</b>
1. _____	_____ _____	_____
2. _____	_____ _____	_____
3. _____	_____ _____	_____
4. _____	_____ _____	_____
5. _____	_____ _____	_____
6. _____	_____ _____	_____
7. _____	_____ _____	_____
8. _____	_____ _____	_____
9. _____	_____ _____	_____
10. _____	_____ _____	_____

**SPECIAL OLYMPICS CONNECTICUT  
ALPINE SKIING ROSTER APPEAL /SCRATCH FORM**

Delegation: \_\_\_\_\_

**ROSTER APPEAL WILL BE ACCEPTED UP UNTIL TWO WEEKS PRIOR TO DAY OF THE EVENT. PLEASE REFER TO THE DATES TO REMEMBER SHEET FOR EXACT DATE.**

The following participants are to be removed from the roster:

**ATHLETE/PARTNER**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

I am requesting that the following participants be added to the roster:

<b>ATHLETE/PARTNER</b>	<b>EVENT/TIME</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

I understand that changes to the Official Roster are made only in case of an emergency.

**Head Coach Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Completed forms should be mailed or faxed to SOCT Headquarters. Fax #: 203.230.1202