

2010 WINTER GAMES  
CROSS COUNTRY SKIING  
REGISTRATION PACKET



2010 WINTER GAMES  
CROSS COUNTRY 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 _____
Hometown Escorts _____		
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)

Roster Forms \_\_\_\_\_  
Additional Personnel Form \_\_\_\_\_  
Housing Form \_\_\_\_\_

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

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

**Official Events. Athletes may register for two (2) individual events and one (1) relay event.**

<b>Event</b>	<b>Level</b>	<b>Code</b>
25 Meter*	4	NS25MR
50 Meter*	4/3	NS50MR
100 Meter	3/2	NS100M
500 Meter	2/1	NS500M
1 Kilometer	1	NS1KLM
3 Kilometer	1	NS3KLM
4x1 K Unified Relay	1	NS4x1K
4x100M Unified Relay	3/2/1	NS4100
4x500M Unified Relay	3/2	NS4500

**Athletes must compete in the same level for all events.**

\*These events provide meaningful competition for athletes with lower ability levels.

Relay teams consist of two athletes and two partners.

Registration is due to your Regional Office February 3, 2010

**SOCT NWR**

1459 South Britain Rd  
Southbury, CT 06488

**SOCT Eastern Region**

401 W. Thames Street  
Suite 107  
Norwich, CT 06360

**SOCT SWR**

1001 Merritt Blvd  
Suite 10  
Trumbull, CT 06611

For teams outside of Connecticut:

Special Olympics Connecticut  
2666 State Street, Suite 1  
Hamden, CT 06517  
Fax 203.230.1202  
Email: [susanm@soct.org](mailto:susanm@soct.org)

# CROSS COUNTRY INDIVIDUAL SKIING ROSTER

DELEGATION \_\_\_\_\_

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

STREET \_\_\_\_\_

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

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

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

**ATHLETES MAY REGISTER FOR 2 INDIVIDUAL EVENTS AND 1 RELAY EVENT WITHIN THE SAME LEVEL**

## CROSS COUNTRY INDIVIDUAL SKIING ROSTER

DELEGATION \_\_\_\_\_

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

STREET \_\_\_\_\_

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

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

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

**ATHLETES MAY REGISTER FOR 2 INDIVIDUAL EVENTS AND 1 RELAY EVENT WITHIN THE SAME LEVEL**

# CROSS COUNTRY SKIING UNIFIED TEAM ROSTER

DELEGATION \_\_\_\_\_

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

STREET \_\_\_\_\_

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

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

TEAM NAME	EVENT CODE	NAME	DOB	A/P	LEVEL
1.					
2.					
3.					
4.					
5.					
6.					
7.					

**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  
CROSS COUNTRY 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:

**ATHLETE/PARTNER**

**EVENT/TIME**

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

I understand that changes to the Official Roster are made only in case of an emergency. The participant change I am requesting will:

\_\_\_\_\_ NOT change the ability level of the team

\_\_\_\_\_ CHANGE the ability level of the team indicate HIGHER LOWER

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

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