

2010 WINTER GAMES
FIGURE SKATING
REGISTRATION PACKET



2010 WINTER GAMES
FIGURE SKATING
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)

Figure Skating Rosters _____

Additional Personnel Form _____

Housing Form _____

LOCAL COORDINATOR SIGNATURE _____ **DATE** _____

REGIONAL STAFF SIGNATURE _____ **DATE** _____

OFFICIAL EVENTS

Special Olympics offers three (3) official figure skating events: Singles Competitions, Traditional and Unified® Pair Skating, and Traditional and Unified® Ice Dancing. To be eligible for competition in any of the three (3) events, a skater should meet the technical requirements as outlined in the progressive levels of the skills assessment badge program.

1. Singles Competitions (Singles Levels 1-5)
2. Pair Skating (Pair Levels 1-2)
3. Ice Dancing (Ice Dancing Levels 1a, b, & c) (Level II and III)
4. Unified® Pairs Skating
5. Unified® Ice Dancing

There is no restriction to the number of events an Athlete may register for.

| EVENT | LEVEL | CODE |
|------------------------|-----------------|-------------|
| Singles Competition | 1 - 5 | FSSING |
| Pair Skating | 1 - 2 | FSPRSK |
| Ice Dancing | 1a,b,c, II, III | FSICED |
| Unified® Pairs Skating | 2 | FSUNPR |
| Unified® Ice Dancing | C | FSUICD |

Registration is due to your Regional Office

| SOCT NWR | SOCT Eastern Region | SOCT SWR |
|--|--|--|
| 1459 South Britain Rd Southbury, CT 06488 | 401 W. Thames Street Suite 107 Norwich, CT 06360 | 101 Merritt Blvd Suite 10 Trumbull, CT 06611 |

For teams outside of Connecticut please send registration to:
Special Olympics CT
2666 State Street, Suite 1
Hamden, CT 06517
Fax 203.230.1202
Email: susanm@soct.org

INDIVIDUAL FIGURE SKATING ROSTER

DELEGATION _____

HEAD COACH _____

STREET _____

CITY _____ ST _____ ZIP _____

PHONE (H) _____ (C) _____ EMAIL _____

| NAME | DOB | M/F | EVENT | LEVEL |
|------|-----|-----|-------|-------|
| 1. | | | | |
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| 2. | | | | |
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| 4. | | | | |
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PAIRS SKATING ROSTER

DELEGATION _____

HEAD COACH _____

STREET _____

CITY _____ ST _____ ZIP _____

PHONE (H) _____ (C) _____ EMAIL _____

| TEAM NAME | EVENT CODE | NAME | DOB | A/P | LEVEL |
|-----------|------------|------|-----|-----|-------|
| 1. | | | | | |
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| 2. | | | | | |
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| 3. | | | | | |
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| 4. | | | | | |
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| 5. | | | | | |
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| 6. | | | | | |
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| 7. | | | | | |
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| 8. | | | | | |
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| 9. | | | | | |
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| 10. | | | | | |
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| 11. | | | | | |
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| 12. | | | | | |
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| 13. | | | | | |
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| 14. | | | | | |
| | | | | | |

ADDITIONAL PERSONNEL FORM

LOCAL PROGRAM _____

ASSISTANT COACHES

| Name | Address | Phone |
|-------------|----------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |

CHAPERONES

| Name | Address | Phone |
|-------------|----------------|--------------|
| 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.

| Name | Address | Phone/email |
|-------------|----------------|--------------------|
| 1. _____ | _____ _____ | _____ _____ |
| 2. _____ | _____ _____ | _____ _____ |
| 3. _____ | _____ _____ | _____ _____ |
| 4. _____ | _____ _____ | _____ _____ |
| 5. _____ | _____ _____ | _____ _____ |
| 6. _____ | _____ _____ | _____ _____ |
| 7. _____ | _____ _____ | _____ _____ |
| 8. _____ | _____ _____ | _____ _____ |
| 9. _____ | _____ _____ | _____ _____ |
| 10. _____ | _____ _____ | _____ _____ |

**SPECIAL OLYMPICS CONNECTICUT
FIGURE SKATING 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 SCRATCH 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