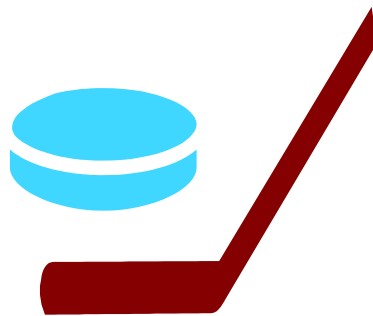


2010 WINTER GAMES

FLOOR HOCKEY SKILLS  
TRADITIONAL FLOOR HOCKEY  
UNIFIED FLOOR HOCKEY

REGISTRATION PACKET



2010 WINTER GAMES  
FLOOR HOCKEY TEAM AND INDIVIDUAL SKILLS  
DUE FEBRUARY 3, 2010  
REGISTRATION CHECKLIST

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)  
Floor Hockey Roster(s) \_\_\_\_\_  
Additional Personnel Form \_\_\_\_\_  
Housing Form \_\_\_\_\_

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

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







**ADDITIONAL PERSONNEL FORM**

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

**ASSISTANT COACHES**

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

**CHAPERONES**

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

# SPECIAL OLYMPICS CONNECTICUT FLOOR HOCKEY ROSTER APPEAL FORM

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

**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 player (s) are to be removed from the Team Roster:

### PLAYER

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

I am requesting that the following player (s) be added to the Official Team Roster:

	PLAYER	ASSESSMENT SCORE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

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

- NOT** change the ability level of my team
- CHANGE** the ability level of my team - Indicate higher or lower

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

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