

2010 FALL SPORTS FESTIVAL

BOCCE

REGISTRATION PACKET



2010 FALL SPORTS FESTIVAL
BOCCE REGISTRATION
CHECKLIST

All forms due to your Regional Office August 13th

Delegation _____

Local Coordinator _____

Street _____ City/Zip _____

Phone (H) _____ email _____

PARTICIPANT COUNTS

Athlete _____ Partner _____

Total Participant Lunch _____

Participant Fee for this sport is \$20.00

ADDITIONAL PERSONNEL COUNTS

Local Coordinator _____ Coaches _____ Chaperones and Hometown Escorts _____

Total Additional Personnel Lunch 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)

Individual Roster _____

Team Roster _____

Additional Personnel Form _____

LOCAL COORDINATOR SIGNATURE _____

DATE _____

REGIONAL STAFF SIGNATURE _____

DATE _____

OFFICIAL EVENTS

Bocce Skills Regulation Distance
Bocce Skills Modified Distance
Bocce Tournament Singles
Bocce Tournament Doubles
Bocce Tournament Team
Bocce Tournament Unified Doubles
Bocce Tournament Unified Team

<u>EVENT</u>	<u>CODE</u>	<u>SCORE</u>
BS Regulation Distance	MSBSRD	Centimeters
BS Modified Distance	MSBSMD	Centimeters
BT Singles	MSBOTO	Centimeters
BT Doubles	MSBOTD	Centimeters
BT Unified Doubles	MSBOUD	Centimeters

- Athletes may only participate in **either** Skills or Tournament Play.
- All participants must have scores for this registration to be considered valid. Incomplete registrations will be returned to the coach.

This registration packet is due to your Regional Office* August 13, 2010.

All Unified Partners, Coaches, Chaperones and Hometown Escorts are to have the Class A screening process and Protective Behaviors completed prior to the registration due date.

Athletes and Unified Partners are to have current forms signed and on file.

*

SOCT Northwest Region
1459 South Britain Road
Southbury, CT 06488
203.267.6566 Phone
203.2676570 Fax
morganr@soct.org

SOCT Eastern Region
401 West Thames St. Suite 107
Norwich, CT 06360
860.887.1555 Phone
860.887.7435 Fax
timc@soct.org

SOCT Southwest Region
101 Merritt Boulevard, Suite 10
Trumbull, CT 06611
203.380.9990 Phone
203.380.9991 Fax
jenniferw@soct.org

BOCCE SKILLS REGULATION DISTANCE

DELEGATION _____

HEAD COACH _____

STREET _____

CITY _____ ST _____ ZIP _____

PHONE (H) _____ (C) _____ EMAIL _____

NAME	M/F	DOB	SCORE CENTIMETERS	EVENT CODE
1.				MSBSRD
2.				MSBSRD
3.				MSBSRD
4.				MSBSRD
5.				MSBSRD
6.				MSBSRD
7.				MSBSRD
8.				MSBSRD
9.				MSBSRD
10.				MSBSRD
11.				MSBSRD
12.				MSBSRD
13.				MSBSRD
14.				MSBSRD
15.				MSBSRD
16.				

BOCCE SKILLS MODIFIED DISTANCE

DELEGATION _____

HEAD COACH _____

STREET _____

CITY _____ ST _____ ZIP _____

PHONE (H) _____ (C) _____ EMAIL _____

NAME	M/F	DOB	SCORE CENTIMETERS	EVENT CODE
1.				MSBSMD
2.				MSBSMD
3.				MSBSMD
4.				MSBSMD
5.				MSBSMD
6.				MSBSMD
7.				MSBSMD
8.				MSBSMD
9.				MSBSMD
10.				MSBSMD
11.				MSBSMD
12.				MSBSMD
13.				MSBSMD
14.				MSBSMD
15.				MSBSMD

BOCCE TOURNAMENT SINGLES

DELEGATION _____

HEAD COACH _____

STREET _____

CITY _____ ST _____ ZIP _____

PHONE (H) _____ (C) _____ EMAIL _____

Scores must be submitted in centimeters. Registrations submitted without valid scores will be returned for completion.

NAME	M/F	DOB	SCORE CENTIMETERS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

BOCCE TOURNAMENT DOUBLES

DELEGATION _____

HEAD COACH _____

STREET _____

CITY _____ ST _____ ZIP _____

PHONE (H) _____ (C) _____ EMAIL _____

Scores must be submitted in centimeters. Registrations submitted without valid scores will be returned for completion.

Team Information- <i>Team names are the last name of both players eg. Smith/ Jones.</i>	M/F	DOB	SCORE CENTIMETERS
1.			
<i>Team #1 Name and score</i>			
2.			
<i>Team #2 Name and score</i>			
3.			
<i>Team #3 Name and score</i>			
4.			
<i>Team #4 Name and score</i>			
5.			
<i>Team# 5 Name and score</i>			

BOCCE TOURNAMENT UNIFIED DOUBLES

DELEGATION _____

HEAD COACH _____

STREET _____

CITY _____ ST _____ ZIP _____

PHONE (H) _____ (C) _____ EMAIL _____

Scores must be submitted in centimeters. Registrations submitted without valid scores will be returned for completion.

Team Information <i>Team names are the last name of both players eg. Smith/Jones. A/P</i>	M/F	DOB	SCORE CENTIMETERS
1.			
<i>Team #1 Name and score</i>			
2.			
<i>Team #2 Name and score</i>			
3.			
<i>Team #3 Name and score</i>			
4.			
<i>Team #4 Name and score</i>			
5.			
<i>Team #5 Name and score</i>			

ASSISTANT COACHES

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

CHAPERONES

Name	Address	Phone	E-mail
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. **All hometown escorts need to submit Class A applications to be considered as such.**

Name	Address	Phone	E-mail
1. _____	_____ _____	_____	_____
2. _____	_____ _____	_____	_____
3. _____	_____ _____	_____	_____
4. _____	_____ _____	_____	_____
5. _____	_____ _____	_____	_____
6. _____	_____ _____	_____	_____
7. _____	_____ _____	_____	_____
8. _____	_____ _____	_____	_____
9. _____	_____ _____	_____	_____
10. _____	_____ _____	_____	_____

**SPECIAL OLYMPICS CONNECTICUT
BOCCE 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 SCRATCH DEADLINE 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

- | | | |
|----|-------|-------|
| 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