

2010 FALL SPORTS FESTIVAL

GOLF

REGISTRATION PACKET



# 2010 FALL SPORTS FESTIVAL

## GOLF REGISTRATION

### CHECKLIST

All forms due to Regional Office August 13th

Delegation \_\_\_\_\_

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

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

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

#### PARTICIPANT COUNTS

Athletes \_\_\_\_\_ Partners \_\_\_\_\_

Total Participant Lunch Count \_\_\_\_\_

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 \_\_\_\_\_

Score Cards \_\_\_\_\_

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

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

**DATE** \_\_\_\_\_

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

**DATE** \_\_\_\_\_

## OFFICIAL EVENTS

Individual Stroke Play  
Alternate Shot Team Play  
Individual Skills Contest

<u>EVENT</u>	<u>CODE</u>	<u>LEVEL</u>	<u>SCORE</u>
Individual Stoke Play Competition (9 Hole)	GOSING	4	Submit Score Card
Alternate Shot Team Play Competition (9 Hole) 2 Member Unified Sports Team	GOTEAM	2	Submit Score Card
Individual Skills Contest	GOINSK		Points Submit Individual Score Card

\* Please refer to the Rules and Guidelines Handbook for Eligibility in Levels 2 & 4

\*\* Athletes may register for one event.

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This registration packet **including golf score cards** are due to your Regional Office\* August 13,2010. Registrations submitted without score cards will be returned.

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

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

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SOCT Northwest Region  
1459 South Britain Road  
Southbury, CT 06488  
203.267.6566 Phone  
203.267.6570 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

**GOLF ALTERNATE SHOT TEAM ROSTER**  
**Golf Score Cards Must Accompany This Roster**

DELEGATION \_\_\_\_\_

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

STREET \_\_\_\_\_

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

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

NAME	A/P	M/F	DOB	TEAM NAME	EVENT CODE
1.					GOTEAM
2.					GOTEAM
3.					GOTEAM
4.					GOTEAM
5.					GOTEAM
6.					GOTEAM
7.					GOTEAM
8.					GOTEAM

**GOLF INDIVIDUAL STROKE PLAY ROSTER**  
**Golf Score Cards Must Accompany This Roster**

DELEGATION \_\_\_\_\_

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

STREET \_\_\_\_\_

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

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

NAME	M/F	DOB	EVENT CODE	SCORE
1.			GOSING	
2.			GOSING	
3.			GOSING	
4.			GOSING	
5.			GOSING	
6.			GOSING	
7.			GOSING	
8.			GOSING	

**GOLF INDIVIDUAL SKILLS ROSTER**  
**Individual Skills Golf Score Cards Must Accompany This Roster**

DELEGATION \_\_\_\_\_

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

STREET \_\_\_\_\_

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

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

NAME	M/F	DOB	EVENT CODE	TOTAL
1.			GOSINK	
2.			GOSINK	
3.			GOSINK	
4.			GOSINK	
5.			GOSINK	
6.			GOSINK	
7.			GOSINK	
8.			GOSINK	

**ASSISTANT COACHES**

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

**CHAPERONES**

<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>E-mail</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. **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 GOLF 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