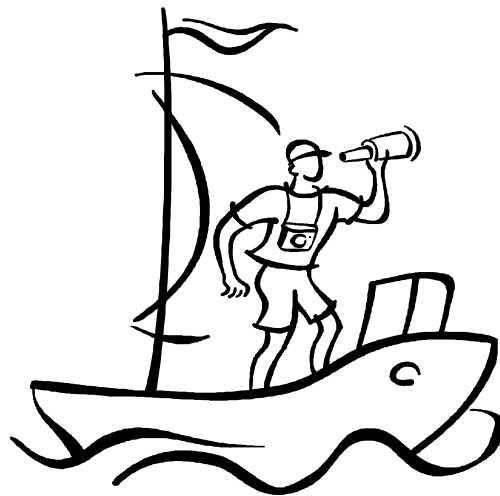


2010 FALL SPORTS FESTIVAL

SAILING

REGISTRATION PACKET



2010 FALL SPORTS FESTIVAL
SAILING
REGISTRATION CHECKLIST
Due to Regional Offices August 13, 2010

Delegation _____

Head of Delegation _____

Street _____ City/Zip _____

Phone (H) _____ email _____

PARTICIPANT COUNTS

Athlete _____ Partner _____

Total Participant Meal Count _____

ADDITIONAL PERSONNEL COUNTS

Local Coordinator _____ Coaches _____ Chaperones _____

Hometown Escorts _____

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)
2 Man Roster _____
4 Man Roster _____
Additional Personnel Form _____
Individual **Signed** Waivers _____

Waivers must be signed by all sailing participants and additional personnel and sent in with registration.

Registration received without waivers will be returned.

LOCAL COORDINATOR SIGNATURE _____ **DATE** _____

REGIONAL STAFF SIGNATURE _____ **DATE** _____

SAILING TWO MAN ROSTER

DELEGATION _____

HEAD COACH _____

STREET _____

CITY _____ ST _____ ZIP _____

PHONE (H) _____ (C) _____ EMAIL _____

A/P	Team name/ Participant Name	DOB	M/F	Date swim test completed	Level
Team 1					
Team 2					
Team 3					
Team 4					

SAILING TWO MAN ROSTER

DELEGATION _____

HEAD COACH _____

STREET _____

CITY _____ ST _____ ZIP _____

PHONE (H) _____ (C) _____ EMAIL _____

A/P	Team name/ Participant Name	DOB	M/F	Date swim test completed	Level
	Team 5				
	Team 6				
	Team 7				
	Team 8				

SAILING FOUR MAN ROSTER

DELEGATION _____

HEAD COACH _____

STREET _____

CITY _____ ST _____ ZIP _____

PHONE (H) _____ (C) _____ EMAIL _____

A/P	Team name/ Participant Name	DOB	M/F	Date swim test completed	Level
	Team 1				
	Team 2				
	Team 3				

SAILING FOUR MAN ROSTER

DELEGATION _____

HEAD COACH _____

STREET _____

CITY _____ ST _____ ZIP _____

PHONE (H) _____ (C) _____ EMAIL _____

A/P	Team name/ Participant Name	DOB	M/F	Date swim test completed	Level
	Team 4				
	Team 5				
	Team 5				

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 SAILING 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