

2024 Summer Games Tennis Registration

Due: May 3, 2024

Local Program:

Local Coordinator attending this event:

Email:

*Please count only those participants and personnel for TENNIS

Participant	Meal Count	Overnight Count includes dinner&dance	Dinner& Dance only
Athlete			
Partner			

*****Registration fee for this event:\$60.00**

Personnel	Meal Count	Overnight Count includes dinner&dance	Dinner& Dance only
Local Coordinator			
Coach			
Assistant Coach			
Chaperone			
Hometown Escort			

Forms are sent to:
Special Olympics CT
2666 State St., Suite 1
Hamden, CT 06517

or sent via secure email:
emilyp@soct.org

For information pertaining to Tennis registration and competition please contact Emily Pitney
203-230-1201 x 254
emilyp@soct.org

ALL PARTICIPANTS CERTIFICATIONS MUST BE CURRENT AT THE TIME OF REGISTRATION.

Special Olympics Connecticut Summer Games Tennis 2024

Each athlete can choose ONE of the following:

1. Individual Skills ONLY

2. Singles Event ONLY

3. Singles and Doubles

4. Singles and Unified Sports Doubles

EVENT	CODE	SCORE
Singles	TNSING	NONE
Doubles	TNDOUB	NONE
Unified Sports Doubles	TNUNDB	NONE
Individual Skills Contest	TNINSC	POINTS
Sunday Fun Day	SFD	NONE

Tennis Doubles Registration Form

DOUBLES Due May 3rd

Local Program Name:

HEAD Coach Information

First/Last Name	Home Phone	Cell Phone	Email Address
Street/City/Zip			

**Please list the traditional doubles and unified doubles on this page.
Please use Town name and last names for team names.**

First/Last Name	DOB	M/F	A/P	Event	Team Name

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Instructions for Registering Personnel

All of the personnel listed below are to have their Class A certifications current before being registered for any SOCT event. Programs may not register more Head Coaches, Assistant Coaches, Chaperones, and Hometown Escorts then the number of registered athletes.

Local Coordinators: Each Delegation (Local Program) is allotted space for two Local Coordinators (LC). Please list the LC responsible for overseeing the event Checklist page. Registration fees do not apply to the two Local Coordinators

Head Coach: Please list the Head Coach for each sport with their current contact information on each roster page. **Head Coaches are not listed on the Personnel page, but are listed on the housing form.**
***See below for registration fee information.**

Assistant Coach: Please list Assistant Coaches with their current contact information on the personnel page and housing form.
***See below for registration fee information.**

Chaperone: Please list Chaperones with their current contact information on the personnel page and housing form.
***See below for registration fee information.**

Hometown Escorts: Please list Hometown Escorts on the Personnel Page. Hometown Escorts are individuals that delegations recruit to meet the team during the day. These individuals are not to be included in housing counts, nor to be put on the housing forms as they are not allowed to stay overnight.
***See below for registration fee information.**

Registration fees:

No registration fees will be charged for Personnel provided the Athlete to Personnel Ratio is adhered to. The ratio is as follows:
1:1 Athletes who use a wheelchair or athletes who are legally blind.

3:1 All other athletes.

Special circumstances (such as behavioral issues, medical, etc.), may require that you bring additional personnel for adequate supervision. These requests must be in writing and must be included with your registration packet. The LC will be notified if the request is granted.

Please note on the personnel page those who are group home staff and which day/days they will be in attendance.

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Roster Appeal / Scratch Form

Roster changes and participant scratches will be accepted up until **TWO WEEKS** prior to the day of the event (**MAY 17th**). Please refer to the Dates To Remember sheet for the exact deadline. Participants added to your delegation **MUST** have all necessary paperwork on file at the State Office.

Delegation _____

Please remove (**scratch**) from this delegation

Name
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____

Please add to this delegation

Name	Event	Team Name <i>if applicable</i>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____

Date: _____
Submitted by: _____