

**2024 Unified Croquet Invitational, Elizabeth Park on August 17**  
**REGISTRATION DUE August 5th**

Local Program: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Please count only those participants and personnel for Croquet.**

**Participant Counts**

	Count
Athlete	
Partner	

**Personnel Counts**

	Count
Local Coordinator	
Coach	
Assistant Coach	
Chaperone	
Hometown Escort	

Please send Registration to:  
Special Olympics CT  
2666 State St., Suite 1  
Hamden, CT 06517

**email: [sarap@soct.org](mailto:sarap@soct.org)**

**2024 Unified Croquet Invitational, Elizabeth Park**  
**REGISTRATION DUE TO SOCT STATE OFFICE August 5th**

**Incomplete registrations will be returned to the Coach.**

**Offical Event**

	Code
<b>Unified Croquet Tournament Doubles</b>	<b>UGCTD</b>

Team Ranking:\* Advanced(A)  
Intermediate(I)  
Novice(N)

\*(+/-) if needed, coach's guidance to compete with lower/higher ranked team

This registration packet is due to the SOCT Headquarter Office  
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 at the state office.

Please direct all questions regarding Croquet and Croquet Registration to:  
Sara Pierson, Senior Director, Sports and Local Programs  
[sarap@soct.org](mailto:sarap@soct.org)  
Phone- 203-230-1201 x229

# 2024 Unified Croquet Invitational, Elizabeth Park

**REGISTRATION DUE August 5th**

**Local Program:**

**Local Coordinator:**

HEAD Coach Information			
First/Last Name	Type	Cell Phone	Email Address
	<b>HEAD Coach</b>		

	First/Last Name	DOB/Age	M/F	A/P	Team Name	Team Ranking
1						
2						
3						
4						
5						
6						
7						

# 2024 Unified Croquet Invitational, Elizabeth Park

**REGISTRATION DUE August 5th**

<b>Local Program:</b>			
<b>Local Coordinator:</b>			
HEAD Coach Information			
First/Last Name	Type	Cell Phone	Email Address
	HEAD Coach		

	First/Last Name	DOB/Age	M/F	A/P	Team Name	Team Ranking
8						
9						
10						
11						
12						
13						
14						

# 2024 Unified Croquet Invitational, Elizabeth Park

**REGISTRATION DUE August 5th**

**Local Program:**

**Local Coordinator:**

HEAD Coach Information			
First/Last Name	Type	Cell Phone	Email Address
	HEAD Coach		

	First/Last Name	DOB/Age	M/F	A/P	Team Name	Team Ranking
15						

16						

17						

18						

19						

20						

21						

# **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 than 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.***

All others over the 3:1 ratio will be charged \$175 that covers meal expenses.

# Additional Personnel

**REGISTRATION DUE August 5th**

**Local Program:**

**\*\*\*\*\*List ONLY those who have completed their Class A screening process below.\*\*\*\*\***

	<b>First/Last Name</b>	<b>Street/City</b>	<b>Zip</b>	<b>Email</b>	<b>Type</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

# Roster Appeal/ Scratch Form Croquet 2024

Roster changes and participant scratches will be accepted up until **TWO WEEKS (August 31st)** prior to the day of the event. 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 *if applicable*

- |          |       |       |
|----------|-------|-------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) _____ | _____ | _____ |
| 5) _____ | _____ | _____ |
| 6) _____ | _____ | _____ |
| 7) _____ | _____ | _____ |

Date: \_\_\_\_\_

Submitted By: \_\_\_\_\_