

# 2024 Unified Sports Holiday Classic Bowling Registration

**Due: October 21st, 2024**

Participation fee for this event is \$30.00.

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

Local Coordinator (**ATTENDING THIS EVENT**): \_\_\_\_\_

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

Please count only those participants and Additional Personnel for **Bowling**  
You **MUST** enter score averages for a completed Registration-- Please specify who is a ramp bowler and who utilizes a wheelchair by writing 'yes' in the appropriate box

## Participant Counts

	Count	Count
Athlete		
Partner		

## Personnel Counts

	Count	Meal Count
Local Coordinator		
Coach		
Assistant Coach		
Chaperone		
Hometown Escort		

Any questions regarding Bowling, contact Emily Pitney at:

[emilyp@soct.org](mailto:emilyp@soct.org)

Office: 203-230-1201 x 254

Cell: 203-278-6625

## Bowling 2024 Event Information \*\*\*\*IMPORTANT FOR DIVISIONING

Individual	Singles	BOSING
Individual	Ramp UNASSISTED	BOSINR
Individual	Ramp ASSISTED	BOSASR

**\*\*\*\*Please use scores from 10 games to determine average or use last year's score.**

**\*\*\*See next tab (tab 3) Ramp Rules for Unassisted vs Assisted definitions**

Doubles	Traditional	BODBLE
Doubles	Unified Doubles	BODBLEU

Team	Traditional	BOTEAM
Team	Unified Teams	BOTEAMU
Team	Traditional	BOTEAM

### KEY:

Singles= Athlete only

Traditional Doubles= 2 Athletes

Traditional Team= 4 Athletes

Unified Doubles= 1 Athlete, 1 Partner

Unified Team= 2 Athletes, 2 Partners

### Absence or Withdrawal of Bowlers for Team Bowling:

**Doubles** - If a player is unable to attend on the day of the state competition, the doubles pairing becomes void.

**Teams** - If any player is unable to attend on the day of the State Competition, the team becomes void. Any remaining players will bowl for a participation ribbon only.

For information regarding bowling competition please contact:

Emily Pitney at [emilyp@soct.org](mailto:emilyp@soct.org) Cell: 203-278-6625

Traditional Team bowling (4 person and doubles) competition is only on SUNDAY MORNING in Milford.

## **RAMP RULES**

### **Ramp unassisted bowl**

1. Athlete aims ramp into position unassisted.
2. Athlete positions ball on the ramp with assistance and pushes ball down ramp toward target. An assistant must have his/her back to the pins at all times.
3. A bowler may be allowed to bowl up to three frames consecutively.

### **Ramp Assisted**

1. An assistant may aim the ramp toward the pins, but must at all times have his/her back to the pins and aim based on direction (either verbally or by physical cues) from the athlete.

**Ramp bowlers participating in Unified events must be ramp UNASSISTED bowlers.**





# TRADITIONAL DOUBLES (2 Athletes per Doubles Team)

**Local Program Name:**

**Please list the HEAD Coach contact information below**

First/Last Name	Cell Phone		Email Address
Street	City	Zip	

First/Last Name	DOB	M/F	A/P	Event	Average	Team Name	Wheelchair? <u>Yes only</u>	Ramp? <u>Yes</u>
			A					
			A					

			A					
			A					

			A					
			A					

			A					
			A					

			A					
			A					

			A					
			A					

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First/Last Name	Cell Phone		Email Address
Street	City	Zip	

First/Last Name	DOB	M/F	A/P	Event	Average	Team Name	Wheelchair? <u>Yes only</u>	Ramp? <u>Yes</u>
			A					
			A					

			A					
			A					

			A					
			A					

			A					
			A					

			A					
			A					

			A					
			A					







**UNIFIED DOUBLES** (1 Athlete, 1 Partner per Team)

<b>Local Program Name:</b>			
<b>Please list the HEAD Coach contact information below</b>			
<b>First/Last Name</b>	<b>Cell Phone</b>		<b>Email Address</b>
<b>Street</b>	<b>City</b>	<b>Zip</b>	

<b>First/Last Name</b>	<b>DOB</b>	<b>M/F</b>	<b>A/P</b>	<b>Event</b>	<b>Average</b>	<b>Team Name</b>	<b>Wheelchair? Yes only</b>	<b>Ramp? Yes only</b>
			<b>A</b>					
			<b>P</b>					
			<b>A</b>					
			<b>P</b>					
			<b>A</b>					
			<b>P</b>					
			<b>A</b>					
			<b>P</b>					

**UNIFIED DOUBLES** (1 Athlete, 1 Partner per Team)

<b>Local Program Name:</b>			
<b>Please list the HEAD Coach contact information below</b>			
First/Last Name	Cell Phone		Email Address
Street	City	Zip	

First/Last Name	DOB	M/F	A/P	Event	Average	Team Name	Wheelchair? Yes only	Ramp? Yes only
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					
			A					
			P					

## UNIFIED TEAM (2 Athletes, 2 Partners per Team)

**Local Program Name:**

**Please list HEAD Coach Information below**

First / Last Name	Cell Phone		Email Address
Street	City	Zip	

First / Last Name	DOB	M/F	A/P	Event	Average	Team Name	Wheelchair? Yes only	Ramp? Yes Only
			A					
			A					
			P					
			P					
			A					
			A					
			P					
			P					
			A					
			A					
			P					
			P					

## UNIFIED TEAM (2 Athletes, 2 Partners per Team)

**Local Program Name:**

**Please list HEAD Coach Information below**

<b>First / Last Name</b>	<b>Cell Phone</b>		<b>Email Address</b>
<b>Street</b>	<b>City</b>	<b>Zip</b>	

First / Last Name	DOB	M/F	A/P	Event	Average	Team Name	Wheelchair? Yes only	Ramp? Yes Only
			A					
			A					
			P					
			P					
			A					
			A					
			P					
			P					
			A					
			A					
			P					
			P					

## Instructions for Registering Additional Personnel

All of the individuals listed below are to have their Class A certifications including Protective Behaviors current before being registered for any SOCT event.

### Local Coordinators:

Please list the LC responsible for overseeing the delegation AT THIS EVENT on the Checklist page.

### **ADDITIONAL PERSONNEL:**

**Head Coach:** Please list the Head Coach for each sport with their current contact information on **each roster page**.

**Assistant Coach:** Please list Assistant Coaches on the personnel page and affiliate them with a team.

**Chaperone:** Please list Chaperones with their current contact information on the personnel page and affiliate them with a team.

**Hometown Escorts:** Please list Hometown Escorts on the Personnel Page and affiliate them with a team. Hometown Escorts are individual that delegations recruit to meet the team during the day.

### **Additional Personnel Ratio:**

3 athletes to 1 Additional Personnel

1 athlete to 1 Additional Personnel for athletes who use a wheelchair, are legally blind or other special circumstances.

Special circumstances include medical or behavioral issues. Please indicate the athlete name on the roster page with an astrisk\* if they need a 1:1.

## Additional Personnel

**Local Program:**

List ONLY those who have completed the Class A screening process and Protective Behaviors below. Please specify Junior vs/ Senior for those in your delegation with the same name.

List the day which a group home staff person (registered as a chaperone or hometown escort) will attend

	First/Last Name	Email	Type	Group Home Staff Day
1				
2				
3				
4				
5				
6				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

# Special Olympics Connecticut Bowling

## Roster Appeal/ Scratch Form

Roster changes and participant scratches will be accepted up until TWO WEEKS (November 8th) prior to 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: \_\_\_\_\_