

2026 Unified Fall Sports Festival Bocce Registration

REGISTRATION DUE August 17th

Local Program: _____
Local Coordinator: _____
Email: _____

Please count only those participants and Additional Personnel for Bocce.

Participant Counts

Fee for this event \$30.00	Count
Athlete	
Partner	

Personnel Counts

	Count
Local Coordinator	
Head Coach	
Coach	
Assistant Coach	
Chaperone	
Hometown Escort	

Please send Registration
via secure email to:
emilyp@soct.org

Special Olympics Bocce Tournament 2026

Athletes may **ONLY** participate in either Skills OR Tournament Play.

Skill athletes minimum age- **8yrs**

Tournament athletes minimum age- **18yrs**

**All Athletes must have scores for this registration to be considered valid.
Incomplete registrations will be returned to the Coach.**

FOR ALL DOUBLES AND TEAMS: PLEASE ENTER A COMBINED SCORE

Official Events

Bocce Skills Regulation Distance

Bocce Skills Modified Distance

Bocce Skills Modified Distance- RAMP

Bocce Tournament Singles

Bocce Tournament Doubles

~~Bocce Tournament Unified Doubles~~

Bocce Tournament Unified TEAMS

<u>Events</u>	<u>Code</u>	<u>Score</u>	
BS Regulation Distance	MSBSRD	Centimeters	
BS Modified Distance	MSBSMD	Centimeters	
BS Modified Distance RAMP	BCMOCR	Centimeters	NEW!
BT Singles	MSBOTO	Centimeters	
BT Doubles	MSBOTD	Centimeters	
BT Unified TEAMS	BCTEAMU	Centimeters	NEW!

This registration packet is due to Emily Pitney August 17th via secure email

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.

Head Coaches are to have a current Concussion Training Certification.

Athletes and Unified Partners are to have current forms signed and on file at the state office.

Please direct all questions regarding Bocce and Bocce Registration to:

Emily Pitney, Manager Sports and Competition Department

emilyp@soct.org

Phone- 203-230-1201 x 254

How to Determine Bocce Scores:

1. Place the pallina at the 30 foot line
2. The player rolls 8 balls
3. The three closest balls to the pallina are measured in centimeters and recorded
4. The procedures (1-3) are repeated at the 40 and 50 foot lines
5. **Total** the measurements, that number equals the final qualifying score

Measurements will be taken from the center side of the Bocce ball to the center top of the pallina for a total nine measurements.

All measurements are to be recorded in CENTIMETERS ONLY.

All teams need to submit their combined scores in CENTIMETERS

If you need assistance in converting inches to centimeters try:

www.onlineconversion.com

Proper measuring/scoring helps to create equal divisions!

The object of Bocce Skills is to roll Bocce Balls *close* to the pallina

Rules:

1. The pallina will be placed on the proper target line for each athlete.
2. Each athlete will throw from behind the starting line.
3. The bocce ball must be rolled, tossed, etc., in and underhanded style.
4. Each athlete will roll eight (8) bocce balls per game (3 games per set).
5. A bocce ball that stops completely outside of the playing field will be considered a dead ball and a score of 600cm will be given if none are closer to the pallina. In modified distance play, if the ball goes past the 16 meter line a score of 600cm is given. In regulation distance play if the bocce ball passes the 26 meter line a score of 600cm is given.
6. Measurements will be taken after all 8 bocce balls have been rolled.
7. If the pallina has been hit with a bocce ball and moved, all measurements will be taken from where the pallina lies after all 8 balls have been thrown.

Measurements:

1. Measurements will be taken from the pallina to the closest three bocce balls.
2. All measurements will be made from the center top of the pallina to the closest point on center side of the bocce ball.
3. All measurements will be recorded in centimeters: example 45cm.

Scoring:

1. The measurements will be recorded on the bocce skills score sheet.
2. A set will consist of three games.
3. The total distance from the set is recorded on the athlete entry form in the form of meters and centimeters. Example 145cm.
4. The athlete with the lowest total score after a set (3 games) will be awarded first place and the athlete with the next lowest score will be awarded second place and so on.

Playing field:

1. The field will be 12 feet wide with lines.
2. The throwing distance will be 10 meters for Modified Bocce Skills.
The throwing distance will be 20 meters for Regulation Bocce Skills

Bocce Skills Registration

Registration Due August 17th

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

Score is measured in CENTIMETERS

	First/Last Name	DOB	M/F	Event	Score	1:1 Needed?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

Bocce Tournament Singles Registration

Registration Due August 17th

Local Program:	
Local Coordinator:	

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

Score is measured in CENTIMETERS

	First/Last Name	DOB	M/F	Event	Score	1:1 Needed?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

Bocce Tournament TRADITIONAL Doubles Registration

Registration Due August 17th

Local Program:	
Local Coordinator:	

Coach Information

First/Last Name	Type	Cell Phone	Email Address
	HEAD Coach		

Score is measured in CENTIMETERS

First/Last Name	DOB	M/F	A	Event	Score	1:1 Needed?
1			A			
2			A			

1			A			
2			A			

1			A			
2			A			

1			A			
2			A			

1			A			
2			A			

1			A			
2			A			

Bocce Tournament TRADITIONAL Doubles Registration

Registration Due August 17th

Local Program:	
Local Coordinator:	

Coach Information

First/Last Name	Type	Cell Phone	Email Address
	HEAD Coach		

Score is measured in CENTIMETERS

First/Last Name	DOB	M/F	A	Event	Score	1:1 Needed?
1			A			
2			A			

1			A			
2			A			

1			A			
2			A			

1			A			
2			A			

1			A			
2			A			

1			A			
2			A			

Bocce Tournament UNIFIED TEAMS (4 PERSON) Registration

*****2 ATHLETES AND 2 PARTNERS TO A TEAM*****

Registration Due August 17th

Local Program:	
Local Coordinator:	

Coach Information

First/Last Name	Type	Cell Phone	Email Address
	HEAD Coach		

Score is measured in CENTIMETERS

First/Last Name	DOB	M/F	A/P	Event	COMBINED Score
1			P		
2			A		
3			P		
4			A		

1			P		
2			A		
3			P		
4			A		

1			P		
2			A		
3			P		
4			A		

Bocce Tournament UNIFIED TEAMS (4 PERSON) Registration

*****2 ATHLETES AND 2 PARTNERS TO A TEAM*****

Registration Due August 17th

Local Program:	
Local Coordinator:	

Coach Information

First/Last Name	Type	Cell Phone	Email Address
	HEAD Coach		

Score is measured in CENTIMETERS

First/Last Name	DOB	M/F	A/P	Event	COMBINED Score
1			P		
2			A		
3			P		
4			A		

1			P		
2			A		
3			P		
4			A		

1			P		
2			A		
3			P		
4			A		

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.

Local Program:

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

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

DO NOT LEAVE ANY OF THESE COLLUMNS BLANK. PLEASE FILL OUT COMPLETELY.

[illegible]

Special Olympics Bocce Tournament 2026

Roster Appeal/ Scratch Form

Roster changes and participant scratches will be accepted up until **TWO WEEKS (Sept 4th)** 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: _____