2026 Special Olympics Connecticut Unified Croquet Tournament
Elizabeth Park, August
REGISTRATION DUE July 17th

Local Program: _____
Local Coordinator: _____
Email:_____

Please count only those participants and personnel for Croquet.

Participant Counts

	Count
Athlete	
Partner	

Personnel Counts

	Count
Local Coordinator	
Head Coach	
Coach	
Assistant Coach	
Chaperone	
Hometown Escort	

Please send Registration to:
Special Olymics CT
2666 State St., Suite 1
Hamden, CT 06517
email: sarap@soct.org

2026 Unified Croquet Invitational, Elizabeth Park

REGISTRATION DUE TO SOCT STATE OFFICE July 17th

Incomplete registrations will be returned to the Coach.

Offical Event

	Code
Unified Croquet Tournament Doubles	**UGCTD**

Team Level:* **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
Phone- 203-230-1201 x229

2026 Unified Croquet Invitational, Elizabeth Park

REGISTRATION DUE July 17th

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 Level	Team Ranking
1							
2							
3							
4							
5							
6							
7							

2026 Unified Croquet Invitational, Elizabeth Park

REGISTRATION DUE July 17th

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 Level	Team Ranking
1							
2							
3							
4							
5							
6							
7							

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.
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.

First/Last Name	Date of Birth	Role Type

Roster Appeal/ Scratch Form Croquet 2026

Roster changes and participant scratches will be accepted up until **TWO WEEKS** 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: _____