

2026 Unified Sports Holiday Classic Powerlifting Registration

Due: October 12th, 2026

1 Day event: 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 **Powerlifting**

*****Participant scratches will be accepted up until TWO WEEKS prior to the day of the event.**

Programs will be charged for any scratches after the scratch date:

Participant Counts

	Count	Count
Athlete		
Partner		

Personnel Counts

	Count	Meal Count
Local Coordinator		
Coach		
Assistant Coach		
Chaperone		
Hometown Escort		

Please send Powerlifting registrations to:

Emily Pitney: emilyp@soct.org

Any questions regarding Powerlifting, contact Sara Pierson at:

sarap@soct.org

203-230-1201 x 229

Special Olympics CT Powerlifting Events

Combination (Bench press and Dead lift)

Combination Unified (Bench press and Dead lift)

EVENT	CODE	SCORE
Male Combination (Bench and Dead Lift)	PLCOMB2	Weight Class
Combination Unified (Bench and Dead Lift)	PLCOMBU2	Weight Class
Female Combination (Bench and Dead Lift)	PLCOMB2F	Weight Class

Please send registration via secure email to Emily Pitney at

emilp@soct.org

Any questions regarding Powerlifting, contact Sara Pierson at:

sarap@soct.org

203-230-1201 x 229

Powerlifting Registration Form

Local Program Name:

<u>HEAD</u> Coach Information			
First/Last Name	Home Phone	Cell Phone	Email Address
Street/City/Zip	City	Zip	

First/Last Name	DOB	M/F	Event	Weight Class	1:1 Needed?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Powerlifting Registration Form

Local Program Name:

<u>HEAD</u> Coach Information			
First/Last Name	Home Phone	Cell Phone	Email Address
Street/City/Zip	City	Zip	

First/Last Name	DOB	M/F	Event	Weight Class	1:1 Needed?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Local Program Name:

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

[illegible]

Special Olympics Connecticut Powerlifting

Roster Appeal/ Scratch Form

Roster changes and participant SCRATCHES will be accepted up until TWO WEEKS (November 6th) 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:

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

Event:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Team Name *if applicable*

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Date:

Submitted By:

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.

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]