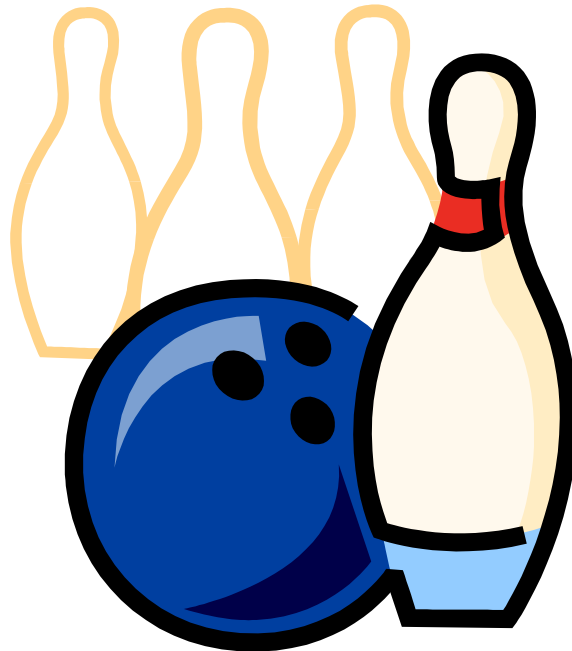


Special Olympics South Dakota

2016

Traditional Area Bowling

Traditional State Bowling



TRADITIONAL BOWLING TOURNAMENTS

- All rules will be the same for Area and State.
- Participation in an Area Singles Tournament qualifies an athlete to bowl in the State Traditional Tournament held in Aberdeen.

Northeast Area Traditional Singles

Date: October 14, 2016

Location: Village Bowl, Aberdeen

Time: 9:00 am-11:30 am / 11:30 am-2:00 pm / 2:00 pm-4:30 pm

Registration Deadline: September 30, 2016

Registration Fee: No charge

Send registration to State Office

Black Hills Area Traditional Singles

Date: October 14, 2016

Location: Meadowood Lanes, Rapid City

Time: 9:00 am-11:30 am / 11:30 am-2:00 pm / 2:00 pm-4:30 pm

Registration Deadline: September 30, 2016

Registration Fee: No charge

Send registration to Black Hills Area Director Cathy Grubb

Southeast Area Traditional Singles

Date: October 15, 2016

Location: Eastway Bowl, Sioux Falls

Time: 9:00 am-11:30 am / 11:30 am-2:00 pm / 2:00 pm-4:30 pm

Registration Deadline: September 30, 2016

Registration Fee: No charge

Send registration to State Office

State Traditional Bowling Tournament

Date: November 4 – 6, 2016

Location: Village Bowl, Aberdeen

Pre-registration Deadline: September 21, 2016

Registration Deadline: October 19, 2016

Registration Fee: \$15.00 per Athlete - \$5.00 per coach/chaperone

- Athletes must choose between participating in Traditional Bowling or Unified Bowling. You cannot participate in both.
- Athletes bowling in the State Traditional Tournament must have registered and participated in their respective Area Traditional Singles Tournament.
- Athletes may participate in any or all of the three events offered at the State Traditional Tournament: Singles, Doubles, and Team.

Send registration to State Office

REGISTRATION INSTRUCTIONS AREA SINGLES BOWLING TOURNAMENT

The following forms must be included for your registration to be complete:

1. **Area Singles Bowling Form 1: Delegation Summary Form** pg. C-4
2. **Area Singles Bowling Form 2: Area Registration For Singles Bowling Tournament**
pg. C-5
3. **Form D: Volunteer Roster (Area Singles Bowling Tournament)** pg. C-7
Please list all chaperones and coaches who will accompany your group. Each person on this list must have the appropriate applications on file with the State Office.

These forms must be included if not already on file at the State Office

4. **Form A: Application for Participation & Physical Form** pg. B-3/4
For new athletes and those who have expired forms.
5. **Form E: Class A Volunteer Application** pg. B-9/10
One per coach/chaperone must be on file with the State Office.
6. **Form F: Unified Partner Application** pg. B-11/12
One per Unified Partner (regardless of age) must be on file with the State Office.

<p>Ramp bowlers can participate ONLY in the Traditional Area and Traditional State Tournaments. In other words, they can not participate in the Area Unified and State Unified Tournaments.</p>

***YOU WILL BE RECEIVING YOUR REGISTRATION CONFIRMATION AND
TOURNAMENT/COMPETITION UPDATES VIA YOUR E-MAIL.
PLEASE CHECK YOUR E-MAIL OFTEN.***

See individual forms for mailing instructions

2016 DELEGATION SUMMARY FORM AREA SINGLES BOWLING TOURNAMENT

Check the Area Tournament in which you will be participating

<input type="checkbox"/> Southeast Area Send all Area forms to: SOSD 800 E. I-90 Lane Sioux Falls, SD 57104	<input type="checkbox"/> Northeast Area Send all Area forms to: SOSD 800 E. I-90 Lane Sioux Falls, SD 57104	<input type="checkbox"/> Black Hills Area Send all Area forms to: Cathy Grubb 821 Stanley St. Belle Fourche, SD 57717
---------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------

All medicals MUST be on file with the state office one week prior to events, i.e., these forms WILL NOT be accepted during the check-in process at events.

Name of Delegation: _____

Head of Delegation: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

TOTAL NUMBER OF ATHLETES: _____

2016 AREA REGISTRATION SINGLES BOWLING TOURNAMENT

(If you Bowl in the Area Singles Tournament you would bowl in the Traditional State Bowling Tournament)

Check the Area Tournament in which you will be participating: NE SE BH

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

ALL INFORMATION MUST BE INCLUDED FOR EVERY ATHLETE!

R-A = Ramp Assisted R-U = Ramp Unassisted (You must choose either R-A or R-U for each Ramp Bowler)
(There will be ramp bowling at the Singles Tournament only and NO ramp bowling at the Unified Doubles Tournament)

ATHLETES NAME	M/F	AGE	Check for Ramp bowlers only	15 GM AVG
1. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
2. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
3. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
4. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
5. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
6. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
7. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
8. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
9. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
10. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
11. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
12. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
13. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
14. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
15. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
16. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
17. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____
18. _____	_____	_____	R-A <input type="checkbox"/> R-U <input type="checkbox"/>	_____

R-A = Ramp Assisted R-U = Ramp Unassisted (You must choose either R-A or R-U for each Ramp Bowler)
 (There will be ramp bowling at the Singles Tournament only and NO ramp bowling at the Unified Doubles Tournament)

ATHLETES NAME	M/F	AGE	Check for Ramp bowlers only		15 GM AVG
19. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
20. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
21. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
22. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
23. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
24. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
25. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
26. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
27. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
28. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
29. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
30. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
31. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
32. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
33. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
34. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
35. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
36. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
37. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
38. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
39. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
40. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
41. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
42. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
43. _____	_____	_____	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____

Volunteer Roster

School/Agency: _____ **Event:** Area Bowling

This form is required for all Local, Area, and State Games. All Special Olympics volunteer applicants (Class A) who have regular, close physical contact with athletes; are in a position of authority or supervision of athletes; are in a position of trust of athletes; and/or handle substantial amounts of cash or other assets of athletes, are subject to mandatory background / motor vehicle checks initiated and paid for by SOSD. **Form E (Class A Volunteer Application) must be on file at the State Office.**

Examples of Class A volunteers includes, but are not limited to Coaches, Chaperones, and adult Unified Partners.

All volunteers appearing on this roster must be at least 16 years of age and cleared by SOSD before attending an event.

The maximum Coach/Chaperone: Athlete ratio is 1:1
The minimum Coach/Chaperone: Athlete ratio is 1:4

HOD: This describes a person over seeing an entire delegation and has completed Level 1 and 2 Coaches Training Courses (**One person per delegation**).

Head Coach: This describes a person who trains athletes, leads teams and has completed Level 1 and 2 Coaches Training Courses. (**Unified Head Coaches must complete these plus Coaching Unified Sports**).

Coach: This describes a person who trains athletes, leads teams and has completed Level 1 Coaches Training Course. (**Unified Coaches must complete these plus Coaching Unified Sports**).

Chaperone: This describes someone who supervises athletes. A Chaperone CANNOT coach athletes.

CUSC: Put an X in the box if Coaching Unified Sports Certified

Area / State: Put an X in the box indicating which event(s) each volunteer will be attending

HOD (Level 2 certified)							CUSC	Area	State	Chaperone (Include Minors)		
1.										1.		
Head Coach (Level 2 certified)							CUSC	Area	State	2.		
1.										3.		
2.										4.		
3.										5.		
4.										6.		
5.										7.		
6.										8.		
7.										9.		
8.										10.		
9.										11.		
10.										12.		
11.										13.		
12.										14.		
Coach (Level 1 certified)							CUSC	Area	State	Unified Partner (Include Minors)		
1.										1.		
2.										2.		
3.										3.		
4.										4.		
5.										5.		
6.										6.		
7.										7.		
8.										8.		
9.										9.		
10.										10.		
11.										11.		
12.										12.		
13.										13.		
14.										14.		

STATE TRADITIONAL BOWLING TOURNAMENT

November 4 – 6, 2016
The Village Bowl, Aberdeen

TYPE OF COMPETITION:

Friday Singles / Saturday Doubles / Sunday Team

PARTICIPATION REQUIREMENT:

1) Complete required training hours 2) Participate in Area Singles Bowling Tournament.

COST:

\$15.00 per athlete - \$5.00 per coach / chaperone

DIVISIONS:

Singles: Male, Female, & Ramp – Age groups 8-11, 12-15, 16-21, 22-29, 30+

Doubles and Team: Male, Female, Mixed, & Ramp – Age groups 8-15, 16-21, 22+

Divisions may be combined or subdivided according to the number of bowlers. They will contain a minimum of 3 athletes/teams and a maximum of 8.

ENTERTAINMENT:

Friday: Opening Ceremony and karaoke will be held at the Best Western Ramkota (1400 8th Ave NW)

Saturday: The banquet, awards ceremony and dance will be held at the Aberdeen Civic Arena (203 S. Washington St.)

MEALS:

Supper on Saturday will be provided to all registered athletes, chaperones and coaches. You are responsible for all other meals. Concessions will be available at the Bowling Alley.

AWARDS:

Individual medals will be awarded to the first 3 places in each division. Ribbons will be awarded to the remainder. Athletes will receive awards on the lanes immediately after the completion of their division.

UNIFORM & EQUIPMENT REQUIREMENTS:

- Please bring your own ramps if you have ramp bowlers.
- Shoes and balls will be provided. Athletes may bring their own bowling balls and/or shoes - BE SURE THEY ARE MARKED WITH THE ATHLETES NAME AND DELEGATION.
- Attire should be neat and clean.
- *Recommendation:* Tops should be short sleeved collared shirts (bowling shirts preferred).
- *Recommendation:* Athletes to wear long pants or dress/walking shorts. Skirts may be worn by women.
- *Recommendation:* White socks.
- Commercial messages, i.e. advertising are not allowed on uniforms.

RULES:

- A 15-game average must be submitted for each athlete.
- Bowlers will bowl ten frames, alternating lanes every frame. The foul line will be on.
- Ramp Bowlers will bowl three (3) frames in a row, all in the same lane.
- Handicaps will be used to figure final results (100% of 200).
- No one will be allowed on the lanes with the athletes except assigned volunteers i.e. Coaches, family members, or spectators will not be allowed beyond the ball rack area.
- **All bowlers must be on their lanes and ready to bowl by the first frame of the first game. If not, the athlete will not be eligible to compete until the first frame of the second game. If they miss the first frame of the second game, they cannot begin to bowl until the third game. Simply – bowlers not present for the first frame of each game will be scratched from that game but may bowl the remaining games. Bowlers receive a zero (0) for missed games.**
- The third game will not be bowled if it has not begun at least one half hour prior to the scheduled finish time. Tournament officials reserve the right to stop bowling as they see necessary to keep the tournament on schedule. Results will be determined by complete games only.
- Bowlers who are missing from Doubles and Teams will receive their average.

PROCEDURES FOR RAMP BOWLING:

- Athletes must be identified as either “Assisted” or “Unassisted” on the registration form.
 - Unassisted Bowler: Coaches are **only** placing the ball onto the ramp. The bowler must independently line up the ramp and push the ball.
 - Assisted Bowler: Coaches are providing additional assistance beyond placing the ball onto the ramp, i.e. Aligning the ramp, pushing the ball, etc.
- We will make no distinction between Assisted and Unassisted bowlers when divisioning for Ramp Teams and Ramp Doubles. Provide the amount of assistance each individual bowler requires.

CORRESPONDENCE:

You will be receiving your registration confirmation and tournament/competition updates via your e-mail. PLEASE CHECK YOUR E-MAIL OFTEN.

- **Ramp bowlers can participate ONLY in the Traditional Area and State Tournaments, i.e. they can not participate in the Area and State Unified Tournaments.**

**2016 State Traditional Bowling Tournament
Schedule of Events
Aberdeen, South Dakota**

THURSDAY, NOVEMBER 3rd

(Doubles - Overflow)

12:00 pm

FRIDAY, NOVEMBER 4th

(Singles)

10:00 am - 4:00 pm

Delegation Registration - Village Bowl

8:30 am - 11:30 am

1st Shift Singles Bowling

11:30 am - 2:30 pm

2nd Shift Singles Bowling

2:30 pm - 5:30 pm

3rd Shift Singles Bowling

6:00 pm - 6:30 pm

Opening Ceremony – Best Western Ramkota

6:30 pm - 8:00 pm

Karaoke – Best Western Ramkota

SATURDAY, NOVEMBER 5th

(Doubles)

8:00 am - 10:00 am

Delegation Registration - Village Bowl

8:30 am - 11:30 am

1st Shift Doubles Bowling

11:30 am - 2:30 pm

2nd Shift Doubles Bowling

2:30 pm - 5:30 pm

3rd Shift Doubles Bowling

6:00 pm - 7:00 pm

Banquet – Aberdeen Civic Arena

7:00 pm - 7:30 pm

SOSD Annual Awards Presentations – Aberdeen Civic Arena

7:30 pm - 9:30 pm

Dance – Aberdeen Civic Arena

SUNDAY, NOVEMBER 6th

(Team)

8:30 am - 11:30 am

1st Shift Team Bowling

11:30 am - 2:30 pm

2nd Shift Team Bowling

2:30 pm - 5:30 pm

3rd Shift Team Bowling

Awards will be presented on the lanes following each division's completion

REGISTRATION INSTRUCTIONS

STATE TRADITIONAL BOWLING TOURNAMENT

The following forms must be included for your registration to be complete:

1. **State Bowling Form 1: Delegation Summary Form** pg. C-13
2. **State Bowling Forms 2, 3 and 4: Singles, Doubles and Team Reg** pg. C-14 to C-19
 - Do not send incomplete registrations.
 - All athletes must be listed on State Event Bowling Form 2 (pg. C-14).
 - An athlete must be entered on **each** registration form for **each** event they are entering. There is no separate form for singles... this will be processed from State Event Bowling Form 2 (pg. C-14)
3. **State Bowling Form 5: Ramp Doubles** pg. C-20
 - Ramp bowlers must also be listed on State Event Bowling Form 2 (pg. C-14)
4. **State Bowling Form 6: Ramp Team** pg. C-21
 - Ramp bowlers must also be listed on State Event Bowling Form 2 (pg. C-14)
5. **Form C: Certificate of Training / Acknowledgment of Policies** pg. B-7 or pg. C-22
A number of minimum training hours have been established for each sport. Please be sure your athletes have met the minimum training requirements.
6. **Form D: Volunteer Rosters** pg. B-8 or C-23
Please list all chaperones, coaches and Unified Partners who will accompany your group. Each person on this list must have the appropriate applications on file with the State Office.

These forms must be included if not already on file at the State Office

7. **Form A: Application for Participation & Physical Form** pg. B-3/4
For new athletes and those who have expired forms.
8. **Form E: Class A Volunteer Application** pg. B-9/10
One per coach/chaperone must be on file with the State Office.
9. **Form F: Unified Partner Application** pg. B-11/12
One per Unified Partner (regardless of age) must be on file with the State Office.

MAIL COMPLETED STATE REGISTRATION FORMS & FEES TO:

**Special Olympics South Dakota
800 E. I-90 Lane
Sioux Falls, SD 57104**

**1-800-585-2114
(605)331-4117
FAX: (605)331-4328**

2016 STATE TRADITIONAL BOWLING TOURNAMENT PRE-REGISTRATION DUE: SEPTEMBER 21, 2016

This form does not commit you to attend the tournament. If you are considering attending - please return this so we may plan meals and workers accordingly.

Check the Area Tournament in which you will be participating: NE SE BH

Name of Delegation: _____

Head of Delegation: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

APPROXIMATE NUMBER OF ATHLETES PARTICIPATING:

SINGLES COMPETITION ON FRIDAY: _____

DOUBLES COMPETITION ON SATURDAY: _____

TEAM COMPETITION ON SUNDAY: _____

APPROXIMATE NUMBER EATING:

BANQUET SATURDAY EVENING: _____

RETURN TO:

**Special Olympics South Dakota
800 E. I-90 Lane
Sioux Falls, SD 57104**

**1-800-585-2114
(605)331-4117
FAX: (605)331-4328**

2016 STATE TRADITIONAL BOWLING TOURNAMENT DELEGATION SUMMARY FORM

Name of Delegation: _____

Head of Delegation: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Cell # During The Games: _____

All medicals MUST be on file with the state office one week prior to events, i.e., these forms WILL NOT be accepted during the check-in process at events.

Total Number of Athletes Participating in Singles: _____

Total Number of Athletes Participating in Doubles: _____

Total Number of Athletes Participating in Team: _____

Total Number of Athletes: _____

Total Number of Registered Coaches/Chaperones
Listed on Volunteer Roster FORM D: _____

Delegation Total: _____

Total number attending Saturday evenings banquet:
(No charge for registered coaches/chaperones/athletes) _____

Total Number of Athletes _____ X \$15.00 = \$ _____

Total Number of Coaches / Chaperones _____ X \$5.00 = \$ _____

Total Enclosed: \$ _____

Send Registration to the State Office

2016 STATE TRADITIONAL BOWLING TOURNAMENT ATHLETE EVENT REGISTRATION

(This form will also be used to process Singles Registration)

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

ALL INFORMATION MUST BE INCLUDED FOR EVERY ATHLETE!

Choose the events to be entered by placing an "X" in the box

S = Singles D = Doubles T = Team R-A = Ramp Assisted R-U = Ramp Unassisted

	ATHLETES NAME	M/F	AGE	EVENTS ENTERED					15 GM AVG
				S	D	T	R-A	R-U	
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
				S	D	T	R-A	R-U	
6.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
				S	D	T	R-A	R-U	
11.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
				S	D	T	R-A	R-U	
16.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

S = Singles D = Doubles T = Team R-A = Ramp Assisted R-U = Ramp Unassisted

	ATHLETES NAME	M/F	AGE	EVENTS ENTERED					15 GM AVG
				S	D	T	R-A	R-U	
19.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
20.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
21.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
22.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
23.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
24.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
25.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
26.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
27.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
28.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
29.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
30.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
31.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
32.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
33.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
34.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
35.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
36.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
37.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
38.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
39.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
40.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
41.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
42.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
43.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

2016 STATE TRADITIONAL BOWLING TOURNAMENT REGISTRATION FOR DOUBLES COMPETITION

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Note (Team ID): Assign a 2-digit number for each team beginning with 01.

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1.	_____	_____	_____	TOTAL: <input style="width: 100%;" type="text"/>
	2.	_____	_____	_____	

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1.	_____	_____	_____	TOTAL: <input style="width: 100%;" type="text"/>
	2.	_____	_____	_____	

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1.	_____	_____	_____	TOTAL: <input style="width: 100%;" type="text"/>
	2.	_____	_____	_____	

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1.	_____	_____	_____	TOTAL: <input style="width: 100%;" type="text"/>
	2.	_____	_____	_____	

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1.	_____	_____	_____	TOTAL: <input style="width: 100%;" type="text"/>
	2.	_____	_____	_____	

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1.	_____	_____	_____	TOTAL: <input style="width: 100%;" type="text"/>
	2.	_____	_____	_____	

NAME	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
	1. _____	_____	_____	_____	TOTAL:
	2. _____	_____	_____	_____	<input type="text"/>

NAME	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
	1. _____	_____	_____	_____	TOTAL:
	2. _____	_____	_____	_____	<input type="text"/>

NAME	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
	1. _____	_____	_____	_____	TOTAL:
	2. _____	_____	_____	_____	<input type="text"/>

NAME	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
	1. _____	_____	_____	_____	TOTAL:
	2. _____	_____	_____	_____	<input type="text"/>

NAME	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
	1. _____	_____	_____	_____	TOTAL:
	2. _____	_____	_____	_____	<input type="text"/>

NAME	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
	1. _____	_____	_____	_____	TOTAL:
	2. _____	_____	_____	_____	<input type="text"/>

NAME	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
	1. _____	_____	_____	_____	TOTAL:
	2. _____	_____	_____	_____	<input type="text"/>

NAME	TEAM ID: <input type="text"/>	M/F:	AGE:	15 GM AVG:	
	1. _____	_____	_____	_____	TOTAL:
	2. _____	_____	_____	_____	<input type="text"/>

2016 STATE TRADITIONAL BOWLING TOURNAMENT REGISTRATION FOR TEAM COMPETITION

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Note (Team ID): Assign a 2-digit number for each team beginning with 01 or if you have doubles teams, begin where you left off.

	TEAM ID: <input style="width: 50px;" type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL: <input style="width: 50px;" type="text"/>
ATHLETE NAME	1. _____	_____	_____	_____	
	2. _____	_____	_____	_____	
	3. _____	_____	_____	_____	
	4. _____	_____	_____	_____	

	TEAM ID: <input style="width: 50px;" type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL: <input style="width: 50px;" type="text"/>
ATHLETE NAME	1. _____	_____	_____	_____	
	2. _____	_____	_____	_____	
	3. _____	_____	_____	_____	
	4. _____	_____	_____	_____	

	TEAM ID: <input style="width: 50px;" type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL: <input style="width: 50px;" type="text"/>
ATHLETE NAME	1. _____	_____	_____	_____	
	2. _____	_____	_____	_____	
	3. _____	_____	_____	_____	
	4. _____	_____	_____	_____	

	TEAM ID: <input style="width: 50px;" type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL: <input style="width: 50px;" type="text"/>
ATHLETE NAME	1. _____	_____	_____	_____	
	2. _____	_____	_____	_____	
	3. _____	_____	_____	_____	
	4. _____	_____	_____	_____	

ATHLETE NAME	TEAM ID:	M/F:	AGE:	15 GM AVG:	TOTAL:	
	1.	<input type="text"/>	_____	_____	_____	<input type="text"/>
	2.	_____	_____	_____	_____	
	3.	_____	_____	_____	_____	
	4.	_____	_____	_____	_____	

ATHLETE NAME	TEAM ID:	M/F:	AGE:	15 GM AVG:	TOTAL:	
	1.	<input type="text"/>	_____	_____	_____	<input type="text"/>
	2.	_____	_____	_____	_____	
	3.	_____	_____	_____	_____	
	4.	_____	_____	_____	_____	

ATHLETE NAME	TEAM ID:	M/F:	AGE:	15 GM AVG:	TOTAL:	
	1.	<input type="text"/>	_____	_____	_____	<input type="text"/>
	2.	_____	_____	_____	_____	
	3.	_____	_____	_____	_____	
	4.	_____	_____	_____	_____	

ATHLETE NAME	TEAM ID:	M/F:	AGE:	15 GM AVG:	TOTAL:	
	1.	<input type="text"/>	_____	_____	_____	<input type="text"/>
	2.	_____	_____	_____	_____	
	3.	_____	_____	_____	_____	
	4.	_____	_____	_____	_____	

ATHLETE NAME	TEAM ID:	M/F:	AGE:	15 GM AVG:	TOTAL:	
	1.	<input type="text"/>	_____	_____	_____	<input type="text"/>
	2.	_____	_____	_____	_____	
	3.	_____	_____	_____	_____	
	4.	_____	_____	_____	_____	

2016 STATE TRADITIONAL BOWLING TOURNAMENT REGISTRATION FOR RAMP DOUBLES

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Note (Team ID): Assign a 2-digit number for each team. Begin with where you left off from doubles and/or team.

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. _____	_____	_____	_____	TOTAL:
	2. _____	_____	_____	_____	<input style="width: 80%;" type="text"/>

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. _____	_____	_____	_____	TOTAL:
	2. _____	_____	_____	_____	<input style="width: 80%;" type="text"/>

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. _____	_____	_____	_____	TOTAL:
	2. _____	_____	_____	_____	<input style="width: 80%;" type="text"/>

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. _____	_____	_____	_____	TOTAL:
	2. _____	_____	_____	_____	<input style="width: 80%;" type="text"/>

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. _____	_____	_____	_____	TOTAL:
	2. _____	_____	_____	_____	<input style="width: 80%;" type="text"/>

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
NAME	1. _____	_____	_____	_____	TOTAL:
	2. _____	_____	_____	_____	<input style="width: 80%;" type="text"/>

2016 STATE TRADITIONAL BOWLING TOURNAMENT REGISTRATION FOR RAMP TEAM

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Note (Team ID): Assign a 2-digit number for each team beginning with 01 or if you had doubles teams, begin with where you left off.

	TEAM ID: <input style="width: 50px;" type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1. _____	_____	_____	_____	<input style="width: 50px;" type="text"/>
	2. _____	_____	_____	_____	
	3. _____	_____	_____	_____	
	4. _____	_____	_____	_____	

	TEAM ID: <input style="width: 50px;" type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1. _____	_____	_____	_____	<input style="width: 50px;" type="text"/>
	2. _____	_____	_____	_____	
	3. _____	_____	_____	_____	
	4. _____	_____	_____	_____	

	TEAM ID: <input style="width: 50px;" type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1. _____	_____	_____	_____	<input style="width: 50px;" type="text"/>
	2. _____	_____	_____	_____	
	3. _____	_____	_____	_____	
	4. _____	_____	_____	_____	

	TEAM ID: <input style="width: 50px;" type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL:
ATHLETE NAME	1. _____	_____	_____	_____	<input style="width: 50px;" type="text"/>
	2. _____	_____	_____	_____	
	3. _____	_____	_____	_____	
	4. _____	_____	_____	_____	

Certificate of Training / Acknowledgment of Policies

Certificate of Training

One copy of this form is required for each State Event in which you are registering, i.e. one for Basketball, one for the Fall Classic, one for Summer Games.

Date of Event: _____

Sport: _____

I confirm that the athletes from: _____

- Have fulfilled the minimum hours of training for the above sport
- Began training at least 8 (eight) weeks prior to this competition
- Have met all requirements of Special Olympics South Dakota

Minimum Training Requirements

Bowling	Bowl a minimum of five (5) 3-game series or a total of 15 games over a minimum of 8 weeks.
Winter Games	A minimum of 15 hours over a minimum of 8 weeks.
Basketball	A minimum of 15 hours over a minimum of 8 weeks.
Summer Games	A minimum of 15 hours over a minimum of 8 weeks. The number of hours required would be divided among the number of sports in which you are participating; for example: 3 sports - 5 hrs/sport 2 sports - 7.5 hrs/sport 1 sport - 15 hours
Equestrian	A minimum of 15 hours over a minimum of 8 weeks.
Fall Classic	A minimum of 15 hours over a minimum of 8 weeks. The number of hours required would be divided among the number of sports in which you are participating; for example: 2 sports - 7.5 hrs/sport 1 sport - 15 hours

Acknowledgment of Policies

By signing below, I acknowledge I have read, understand, and am abiding by the following policies set forth by Special Olympics South Dakota:

These policies can be found in Section A of the Competition Guide:

- 15 Passenger Van Use Policy
- Sub Program Request for Merchandise Procedures
- Volunteer Screening Policy
- Athlete Housing Policy
- Insurance Information
- Social Media Policy
- Service Animal Policy
- Concussion Awareness and Safety Recognition Policy

Head of Delegation Signature

Date

Volunteer Roster

School/Agency: _____ **Event:** State Traditional Bowling

This form is required for all Local, Area, and State Games. All Special Olympics volunteer applicants (Class A) who have regular, close physical contact with athletes; are in a position of authority or supervision of athletes; are in a position of trust of athletes; and/or handle substantial amounts of cash or other assets of athletes, are subject to mandatory background / motor vehicle checks initiated and paid for by SOSD. **Form E (Class A Volunteer Application) must be on file at the State Office.**

Examples of Class A volunteers includes, but are not limited to Coaches, Chaperones, and adult Unified Partners.

All volunteers appearing on this roster must be at least 16 years of age and cleared by SOSD before attending an event.

The maximum Coach/Chaperone: Athlete ratio is 1:1
The minimum Coach/Chaperone: Athlete ratio is 1:4

HOD: This describes a person over seeing an entire delegation and has completed Level 1 and 2 Coaches Training Courses (**One person per delegation**).

Head Coach: This describes a person who trains athletes, leads teams and has completed Level 1 and 2 Coaches Training Courses. (**Unified Head Coaches must complete these plus Coaching Unified Sports**).

Coach: This describes a person who trains athletes, leads teams and has completed Level 1 Coaches Training Course. (**Unified Coaches must complete these plus Coaching Unified Sports**).

Chaperone: This describes someone who supervises athletes. A Chaperone CANNOT coach athletes.

CUSC: Put an X in the box if Coaching Unified Sports Certified

Area / State: Put an X in the box indicating which event(s) each volunteer will be attending

HOD (Level 2 certified)		CUSC	Area	State	Chaperone (Include Minors)		Area	State
1.					1.			
Head Coach (Level 2 certified)		CUSC	Area	State	2.			
1.					3.			
2.					4.			
3.					5.			
4.					6.			
5.					7.			
6.					8.			
7.					9.			
8.					10.			
9.					11.			
10.					12.			
11.					13.			
12.					14.			
Coach (Level 1 certified)		CUSC	Area	State	Unified Partner (Include Minors)		Area	State
1.					1.			
2.					2.			
3.					3.			
4.					4.			
5.					5.			
6.					6.			
7.					7.			
8.					8.			
9.					9.			
10.					10.			
11.					11.			
12.					12.			
13.					13.			
14.					14.			