



Bowling Tournament Entry Form Instructions

General Information:

The following instructions will assist you in completing the entry forms for the Special Olympics Indiana Bowling Tournament. For computer and competition purposes, Unified partners are considered participants, NOT coaches. Please make that distinction when entering Unified teams.

Please write clearly, making marks heavy, dark and readable.

The County Coordinator is responsible to be, or to name the Head of Delegation (HOD). A HOD is to be assigned for each bowling, providing a cell phone number for emergency contact throughout the Games. The HOD is the person in charge of the entire delegation and is responsible for being onsite with athlete *Medical Forms* for the duration of the event. The County Coordinator signs forms to verify information.

This is a 3-tiered tournament – County and Area Tournaments leading up to the State Tournament. Information for the County Tournament will come from the County Coordinator.

Based on entries to the Area Tournament, County Tournaments are either qualifiers or eliminators. If the Area can accommodate all entries in the Area Tournament, then County Tournaments are qualifiers. If the Area cannot accommodate all entries in the Area Tournament, then County Tournaments are eliminators.

Qualifiers are tournaments in which the athletes and Unified teams must compete to advance to the next round of competition. Tournament results do not matter, only participation.

Eliminators are tournaments in which athletes and Unified teams must compete to advance to the next round of competition. Tournament results are the second criteria. Athletes and Unified teams must achieve a certain place in order to advance. Area Tournaments are eliminators.

Athlete Applications & Medicals:

All athletes are required to have an *Application for Participation* on file with the State Office (Part 1 only). Parts 1 and 2 and the *Medical Form* are to be kept on file with the County Program at all times. Athlete listings will be sent prior to events (see dates below), indicating that an application is on file and current. If an athlete is being registered for this event, and does not appear on this athlete listing, Part 1 of the application must be submitted with the entry form upon registration. Athlete Listings will be sent to programs the week of March 12, July 9, September 3, October 29 and December 17.

Area Tournament:

Individual and Unified Team Entry Form: completed and submitted to the AREA contact person by the established deadline. The Area contact information and entry deadline can be found on Pages 55-64. This form must be completed and signed by the County Coordinator.

Individual and Unified team entries for the State tournament will be provided by the Area using results from the Area tournament.

Delegation Entry Form:

List all the coaches and chaperones who will attend the State Tournament. The County Coordinator is to name a Head of Delegation (HOD) assigned to each bowling venue. The HOD is the person in charge of the entire delegation and is responsible for being on site with Athlete Medicals for the duration of the event. Each HOD is required to provide a cell phone number which will be on throughout the tournament to be used for contact in emergency situations. All coaches and chaperones are required to be Class A volunteers. This certification is obtained by completing the online process at http://soindiana.org/class-a_volunteer/.

BOWLING INDIVIDUAL ENTRY FORM

Due IN HOUSE to the Area Contact Person by Monday, October 8, 2018.
Copy form as needed.



PROGRAM INFORMATION

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL: _____ CELL PHONE: (____) _____

NOT advancing to State Finals	NAME OF ATHLETE (FIRST Name, LAST Name)	GENDER M/F	DATE OF BIRTH Mo / Day / Yr	RAMP	SINGLES	BOWLING AVERAGE
<input type="checkbox"/>	1.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	2.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	3.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	4.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	5.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	6.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	7.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	8.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	9.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	10.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	11.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	12.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	13.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	14.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	15.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	

ENTRY NUMBERS SUMMARY

NUMBER OF PARTICIPANTS - RAMP = _____

NUMBER OF PARTICIPANTS - SINGLES = _____

AREA DIRECTORS: Submit the *Event Transfer Fee Form* in order to transfer entry fees into the Area account.

FOR COUNTY COORDINATOR USE ONLY

By signing the line below, the County Coordinator verifies that all information and entry numbers are correct.

X _____
County Coordinator Signature Date

CONFIDENTIALITY NOTICE
This communication is for the sole use of the intended recipient(s) and may contain information that is confidential, privileged, or otherwise exempt from disclosure under applicable law. If you are not the intended recipient(s), the dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy all copies of the original message and any attachments. Receipt by anyone other than the named recipient(s) does not constitute a waiver of any applicable privilege.

BOWLING UNIFIED SPORTS® TEAM ENTRY FORM
 Due IN HOUSE to the Area Contact Person by Monday, October 8, 2018.
 Copy form as needed.



PROGRAM INFORMATION

PROGRAM NAME: _____ AREA: _____
 COUNTY COORDINATOR: _____
 ADDRESS: _____ CITY/STATE/ZIP: _____
 EMAIL: _____ CELL PHONE: (____) _____

TEAM NAME: _____

NOT Advancing to State Finals	NAMES OF TEAM MEMBER (FIRST NAME, LAST NAME)	GENDER (M/F)	DATE OF BIRTH (Mo/Day/Yr)	ATHLETE	UNIFIED PARTNER	BOWLING AVERAGE
<input type="checkbox"/>	1.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
	2.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
	3.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
	4.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	

TEAM NAME: _____

NOT Advancing to State Finals	NAMES OF TEAM MEMBER (FIRST NAME, LAST NAME)	GENDER (M/F)	DATE OF BIRTH (Mo/Day/Yr)	ATHLETE	UNIFIED PARTNER	BOWLING AVERAGE
<input type="checkbox"/>	1.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
	2.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
	3.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
	4.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	

ENTRY NUMBERS SUMMARY

NUMBER OF UNIFIED 4-PERSON TEAMS = _____
 AREA DIRECTORS: Submit the *Event Transfer Fee Form* in order to transfer entry fees into the Area account.

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X _____
 County Coordinator Signature Date

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STATE BOWLING DELEGATION ENTRY FORM

Due IN HOUSE to the State Office by Monday, November 19, 2018.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278, fax (317) 328-2018, or email entries@soindiana.org



PROGRAM INFORMATION

PROGRAM NAME: _____

AREA: _____

COUNTY COORDINATOR: _____

CELL PHONE: (____) _____

HEAD OF DELEGATION

HEAD OF DELEGATION: _____

CELL PHONE: (____) _____

RAMP/SINGLES UNIFIED

HEAD OF DELEGATION: _____

CELL PHONE: (____) _____

RAMP/SINGLES UNIFIED

COACH/CHAPERONE LIST *Please list all Class A Volunteers (coach/chaperone) from your Program for State Bowling.*

LAST Name	FIRST Name	Gender Male/Female	RAMP / SINGLES Saturday	UNIFIED Sunday
1.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>

ENTRY NUMBER SUMMARY

NUMBER ADVANCING - RAMP = _____

NUMBER ADVANCING - SINGLES = _____

NUMBER ADVANCING - UNIFIED 4-PERSON TEAMS = _____

FOR COUNTY COORDINATOR USE ONLY

By signing the line below, the County Coordinator verifies that all information and entry numbers are correct.

X _____
County Coordinator Signature Date

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