



# 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) for existing Athletes who have a current Medical on file with the County). Part 1, 2, and the Medical Form are always to be kept on file with the County Program.

For 2020, All NEW athletes, and athletes with a medical expiration in 2020 will be required to complete the **ONLINE ATHLETE REGISTRATION PROCESS**.

## **Area Tournament:**

***Individual and Unified Team Entry Form: completed and submitted to the AREA contact person by the established deadline.*** 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/](http://soindiana.org/class-a_volunteer/).

# BOWLING INDIVIDUAL ENTRY FORM

Due IN HOUSE to the Area Contact Person by Monday, October 5, 2020.  
Copy form as needed.



**Special  
Olympics  
Indiana**



## 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 5, 2020.  
 Copy form as needed.



**Special  
Olympics  
Indiana**



**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 23, 2020.

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,  
Email: [entries@soindiana.org](mailto:entries@soindiana.org)



**Special  
Olympics  
Indiana**



## PROGRAM INFORMATION

PROGRAM NAME: \_\_\_\_\_ AREA: \_\_\_\_\_

COUNTY COORDINATOR: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

## HEAD OF DELEGATION

HEAD OF DELEGATION: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

**RAMP /  
SINGLES**

HEAD OF DELEGATION: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

**UNIFIED**

## COACH/CHAPERONE LIST

Please list all Class A Volunteers (coach/chaperone) from your Program for State Bowling, including Unified Partners who will be acting as coach/chaperone when not competing.

FIRST Name	LAST Name	Competing UNIFIED PARTNER	COACH	CHAPERONE	RAMP / SINGLES Saturday	UNIFIED Sunday
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"/>
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"/>

## 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 \_\_\_\_\_ Date \_\_\_\_\_  
County Coordinator Signature

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