All Red Tabs are Required Entry Forms and some info will also go into GMS

Yellow tab to be completed only if additional UP's serving in role of Chaperone OR cannot enter into GMS for any

White Tabs (Sports tabs) are for reference only. Entrants go directly into GMS

When complete: File: SAVE AS: (Select file location on your Computer): Name: county Name, EKS Entry Packet
Email to entries@soindiana.org by entry due date

DELEGATION ENTRY FORM

Prgram Name

Head of Delegation

Enter this Person into GMS under Role of HOD

One HOD is to be named for Your Program for Higher Ground and Perfect North. (If same person, enter only one t

Head Coaches

List Head Coach and contact info for each Sport that you have entrants

Enter Head Coaches into GMS in role of HEAD Coach

HOUSING FORM

Indicate in this section of the form if your Delegation is requesting Lodging at Higher Ground Retreat Center

Please ensure you have your total Male Female count accurate for housing

Days only attendees fill out the lower section of page that applies

COACH-CHAPERONE

4:1 Class A Ratio: All programs are reuired to have 1 Class A volunteer for every 4 athletes attending.

All Class A roles are to be entered directly into GMS

*Only use this form to include Unified Partners also serving in the role OF Chaperone to meet the 4:1 safety ratio

**OR to list Chaperones that you cannot find in GMS

INDIVIDUAL SPORTS TABS

TABS HERE ARE FOR REFERENCE ONLY AND WILL NOT BE TURNED IN AS PART OF THE REGISTRATION PACKET

ALL SPORTS EVENTS WILL BE ENTERED DIRECTLY INTO GMS

GMS TUTORIALS ARE AVAILABLE FOR EACH INDIVIDUAL SPORTS

Snowshoeing Relay Teams are 4 person teams. Enter team names into GMS as: County Name Co. #01, #02, etc. Th

TO COMPLETE

Enter into GMS by published due date

If unable to enter into GMS, complete the entry packet and

File: SAVE AS: (Select file location on your Computer): Name: county Name, EKS Entry Packet

Email to entries@soindiana.org by entry due date

2025 Winter Games Delegation Entry Form

Please enter the Competitors and Class A Participants into GMS

Please send the completed entry packet (Red Tabs, Yellow if applicable) to entries@soindiana.org.

DEADLINE: Monday, December 9

PROGRAM INFORMATION

Program Name: _____ Area: 8

County Coordinator Name: _____ Cell Phone: _____

County Coordinator Email: _____

HEAD OF DELEGATION INFORMATION

Enter HODs into GMS

HIGHER GROUNDS

Head of Delegation Name: _____ Cell Phone: _____

Head of Delegation Email: _____

PERFECT NORTH SLOPES

Head of Delegation Name: _____ Cell Phone: _____

Head of Delegation Email: _____

SPORT INFORMATION

Enter Head Coaches into GMS and add Sport where indicated

ALPINE SKIING:

Head Coach Name: _____ Cell Phone: _____

Head Coach Email: _____

SNOWBOARDING:

Head Coach Name: _____ Cell Phone: _____

Head Coach Email: _____

SNOWSHOEING:

Head Coach Name: _____ Cell Phone: _____

Head Coach Email: _____

ENTRY SUMMARY

Number of **HOUSING** Athletes, Unified Partners, & Coach Chaperones = 0 *From the Housing form*

Number of **DAYS ONLY** Athletes, Unified Partners, & Coach/Chaperones = 0 *From the Housing form*

Number of Additional Sunday Dinners = _____

FORM COMPLETED BY:

Name: _____ Date: _____

Email: _____ Cell Phone: _____

Winter Games Housing Request Form

PROGRAM INFORMATION

Program Name: 0 Area: 8

County Coordinator Name: 0 Cell Phone: -

County Coordinator Email: 0

HOUSING INFORMATION

Dorm rooms are divided by male and female and are set up with either 8 or 20 bunk beds.

HIGHER GROUNDS

Head of Delegation Name: 0 Cell Phone: -

Head of Delegation Email: 0

Total Number of HOUSING Athletes: _____

Total Number of HOUSING Unified Partners: _____

Total Number of HOUSING Coach/Chaperones: _____

Total Number of HOUSING Athletes, Partners, & Coach/Chaperones: 0

From the total above, list M/F by location; Include chaperones in your female/male housing number

Winter Games Housing Information					Of total-# ADA rooms requested
	Lodge	Dorm	Off Campus	Totals	
Female				0	
Male				0	
Total	0	0	0	0	0

Lodge Rooms are very limited and given on a first come, first served basis determined by the order in which entry forms are received.

PERFECT NORTH/ DAYS ONLY

Head of Delegation Name: 0 Cell Phone: -

Head of Delegation Email: 0

Total Number of DAYS ONLY Athletes: _____

Total Number of DAYS ONLY Unified Partners: _____

Total Number of DAYS ONLY Coach/Chaperones: _____

Total Number of DAYS ONLY Athletes, Partners, & Coach/Chaperones: 0

FORM COMPLETED BY:

Name: _____ Date: _____

Email: _____ Cell Phone: _____

Winter Games Coach-Chaperone Entry Form

PROGRAM INFORMATION

Program Name: 0 Area: 8

COACH-CHAPERONE LIST

Enter Coach/Chaperones into GMS

Please list all volunteers (coach/chaperones) from your County Program who will be attending Winter Games.

Be Sure to meet the 4:1 ratio of Class A Certified Coach-Chaperones for this event.

	LAST NAME	FIRST NAME	SPORT (if applicable)	ROLE HOD, Coach or	Competing as UP
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

FORM COMPLETED BY:

Name: _____ Date: _____

Email: _____ Cell Phone: _____

Winter Games **Alpine Skiing** Entry Form

PROGRAM INFORMATION

Program Name:	0	Area:	8
Head Coach:	0	Cell Phone:	0
Head Coach Email:	0		

ALPINE SKIING ENTRIES

Enter Participants into GMS within each event
Stay within the same level

INDIVIDUAL

			NOVICE		INTERMEDIATE		ADVANCED		
	Last Name	First Name	Station 1: Glide	Station 2: Super Glide	Station 3: Giant Slalom	Station 4: Slalom	Station 5: Giant Slalom	Station 6: Slalom	Station 7: Super G
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Enter Participants into GMS within each event

UNIFIED Alpine

					NOVICE		INTERMEDIATE		ADVANCED		
	Last Name (Athlete)	First Name (Athlete)	Last Name (Unified Partner)	First Name (Unified Partner)	Station 1: Glide	Station 2: Super Glide	Station 3: Giant Slalom	Station 4: Slalom	Station 5: Giant Slalom	Station 6: Slalom	Station 7: Super G
Team 01											
Team 02											
Team 03											
Team 04											
Team 05											
Team 06											
Team 07											
Team 08											
Team 09											
Team 10											

Winter Games **Snowboarding** Entry Form

PROGRAM INFORMATION

Program Name:	0	Area:	8
Head Coach:	0	Cell Phone:	0
Head Coach Email:	0		

SNOWBOARDING ENTRIES

Enter Participants into GMS within each event
Stay within the same level

INDIVIDUAL

			NOVICE		INTERMEDIATE		ADVANCED	
	Last Name	First Name	Station 1: Glide	Station 2: Super Glide	Station 3: Giant Slalom	Station 4: Slalom	Station 5: Giant Slalom	Station 6B: Slalom
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Enter Participants into GMS within each event

UNIFIED Snowboarding

					NOVICE		INTERMEDIATE		ADVANCED	
	Last Name (Athlete)	First Name (Athlete)	Last Name (Unified Partner)	First Name (Unified Partner)	Station 1: Glide	Station 2: Super Glide	Station 3: Giant Slalom	Station 4: Slalom	Station 5: Giant Slalom	Station 6B: Slalom
Team 01										
Team 02										
Team 03										
Team 04										
Team 05										
Team 06										
Team 07										
Team 08										
Team 09										
Team 10										

Winter Games **Snowshoeing** Entry Form

PROGRAM INFORMATION

Program Name: 0 Area: 8

Head Coach: 0 Cell Phone: 0

Head Coach Email: 0

SNOWSHOEING ENTRIES

Enter Participants into GMS within each event

INDIVIDUAL

	Last Name	First Name	50 Meter Race	100 Meter Race	200 Meter Race	Traditional 4 x 100 Meter Relay
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Enter Participants into GMS within each event
Team Name: County Name Co.

UNIFIED Snowshoeing

	Last Name (Athlete)	First Name (Athlete)	Last Name (Unified	First Name (Unified	50 Meter Race	100 Meter Race	200 Meter Race	4 x 100 Meter Relay
Team 01								
Team 02								
Team 03								
Team 04								
Team 05								
Team 06								
Team 07								
Team 08								
Team 09								
Team 10								