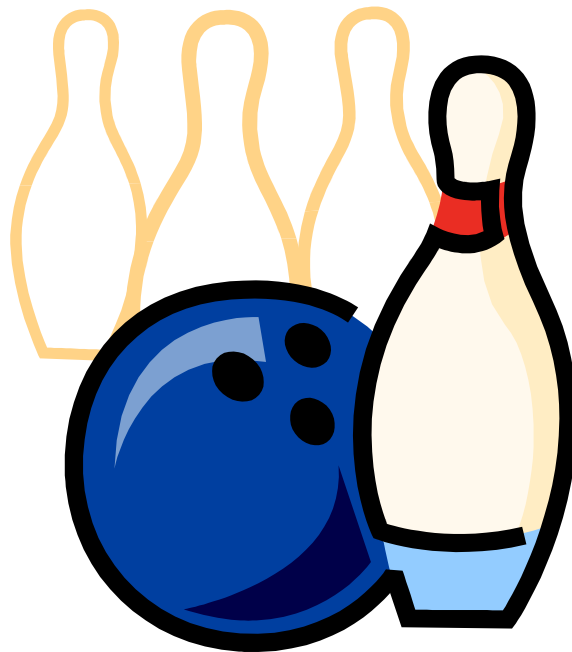


2024

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 11, 2024

Location: Village Bowl, Aberdeen

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

Registration Deadline: September 30, 2024

Send registration to State Office

Black Hills Area Traditional Singles

Date: October 11, 2024

Location: Meadowood Lanes, Rapid City

Registration Deadline: September 30, 2024

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

Send registration to Black Hills Area Director Cathy Grubb

Southeast Area Traditional Singles

Date: October 12, 2024

Location: Eastway Bowl, Sioux Falls

Registration Deadline: September 30, 2024

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

Send registration to State Office

State Traditional Bowling Tournament

Date: November 1-3, 2024

Location: Village Bowl, Aberdeen

Competition: Individual, Team, Doubles & Ramp

Registration Deadline: October 16, 2024

- 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.

NE & SE Area send registration to State Office

BH Area send registrations to Cathy Grubb

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**
2. **Area Singles Bowling Form 2: Area Registration For Singles Bowling Tournament**
3. **Form L: Volunteer Roster (Area Singles Bowling Tournament)**
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. Forms can be found at www.sosd.org under the "Competition" Tab

4. **Form A: Athlete Registration**
For new athletes and those who have expired forms.
5. **Form B: Athlete Release**
For new athletes and those who have expired forms.
6. **Form C: Community Reinvestment Act (CRA)**
For new athletes and those who have expired forms.
7. **FORM N: Communicable Disease waiver**
For new athletes and those who have expired forms.
8. **FORM Y: Athlete Medical Form**
For new athletes and those who have expired forms. The completed form to be brought to the athlete's physical exam.
9. **FORM Z: Medical Physical Information**
For new athletes and those who have expired forms. The Doctor will document the physical exam on this form.
10. **Form D: Class A Volunteer & Unified Partner Registration**
One per coach/chaperone 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

2024 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
---	---	---

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Address: _____

Home Phone: _____ **Work Phone:** _____

E-Mail: _____

Cell Phone During Games: _____

DELEGATION TOTALS:

Coaches/Chaperones: _____

Athletes: _____

Unified Partners: _____

Delegation Total: _____

2024 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)

WC = X if athlete uses a wheelchair

(There will be ramp bowling at the Singles Tournament only and NO ramp bowling at the Unified Doubles Tournament)

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

WC = X if athlete uses a wheelchair

(There will be ramp bowling at the Singles Tournament only and NO ramp bowling at the Unified Doubles Tournament)

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

Volunteer Roster

School/Agency: _____ Event: Area 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.

- DO NOT LIST UNIFIED PARTNERS ON THIS FORM
- ONLY LIST EACH PERSON ONCE

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.

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

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	15.			
1.					16.			
2.					17.			
3.					18.			
4.					19.			
5.					20.			
6.					21.			
7.					22.			
8.					23.			
9.					24.			
10.					25.			
11.					26.			
12.					27.			
13.					28.			

STATE TRADITIONAL BOWLING TOURNAMENT

November 1-3, 2024
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.

DIVISIONS:

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

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

Ramp Bowlers will bowl 2 frames at a time and potentially 3 in the 10th frame.

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 location TBD

Saturday: The banquet, awards ceremony and dance location TBD

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.

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. They can not participate in the Area and State Unified Tournaments.

TRADITIONAL BOWLING COMPETITION:

See “Special Olympics South Dakota Bowling Handbook Version 1.3 Dec 2023”

**2024 State Traditional Bowling Tournament
Schedule of Events *Tentative*
Aberdeen, South Dakota**

FRIDAY, NOVEMBER 1

(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 –TBD
6:30 pm - 8:00 pm	Karaoke – TBD

SATURDAY, NOVEMBER 2

(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 – TBD
7:00 pm - 7:30 pm	SOSD Annual Awards Presentations – TBD
7:30 pm - 9:00 pm	Dance – TBD

SUNDAY, NOVEMBER 3

(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

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**
2. **Area Singles Bowling Form 2: Area Registration For Singles Bowling Tournament**
3. **Form L: Volunteer Roster (Area Singles Bowling Tournament)**
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. Forms can be found at www.sosd.org under the "Competition" Tab

4. **Form A: Athlete Registration**
For new athletes and those who have expired forms.
5. **Form B: Athlete Release**
For new athletes and those who have expired forms.
6. **Form C: Community Reinvestment Act (CRA)**
For new athletes and those who have expired forms.
7. **FORM N: Communicable Disease waiver**
For new athletes and those who have expired forms.
8. **FORM Y: Athlete Medical Form**
For new athletes and those who have expired forms. The completed form to be brought to the athlete's physical exam.
9. **FORM Z: Medical Physical Information**
For new athletes and those who have expired forms. The Doctor will document the physical exam on this form.
10. **Form D: Class A Volunteer & Unified Partner Registration**
One per coach/chaperone must be on file with the State Office.

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.

**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

2024 STATE TRADITIONAL BOWLING TOURNAMENT DELEGATION SUMMARY FORM

Name of Delegation: _____

Head of Delegation: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Cell # During The Games: _____

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 _____

Total Number of Coaches / Chaperones _____

Send Registration to the State Office

2024 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

WC = Athlete uses a wheelchair

S = Singles

D = Doubles

T = Team

R-A = Ramp Assisted

R-U = Ramp Unassisted

ATHLETES NAME	WC	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"/>	<input type="checkbox"/>	_____
2. _____	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	_____
4. _____	<input type="checkbox"/>	_____	_____	<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"/>	<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"/>	<input type="checkbox"/>	_____
7. _____	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	_____
9. _____	<input type="checkbox"/>	_____	_____	<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"/>	<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"/>	<input type="checkbox"/>	_____
12. _____	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	_____
14. _____	<input type="checkbox"/>	_____	_____	<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"/>	<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"/>	<input type="checkbox"/>	_____
17. _____	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	_____

WC = Athlete uses a wheelchair

S = Singles D = Doubles T = Team

R-A = Ramp Assisted

R-U = Ramp Unassisted

	ATHLETES NAME	WC	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"/>	<input type="checkbox"/>	_____
20.	_____	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	_____
22.	_____	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	_____
24.	_____	<input type="checkbox"/>	_____	_____	S <input type="checkbox"/>	D <input type="checkbox"/>	T <input type="checkbox"/>	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
25.	_____	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	_____
27.	_____	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	_____
29.	_____	<input type="checkbox"/>	_____	_____	S <input type="checkbox"/>	D <input type="checkbox"/>	T <input type="checkbox"/>	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
30.	_____	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	_____
32.	_____	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	_____
34.	_____	<input type="checkbox"/>	_____	_____	S <input type="checkbox"/>	D <input type="checkbox"/>	T <input type="checkbox"/>	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
35.	_____	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	_____
37.	_____	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	_____
39.	_____	<input type="checkbox"/>	_____	_____	S <input type="checkbox"/>	D <input type="checkbox"/>	T <input type="checkbox"/>	R-A <input type="checkbox"/>	R-U <input type="checkbox"/>	_____
40.	_____	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	_____
42.	_____	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	_____

2024 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:
	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"/>

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

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

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

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

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

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

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

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

2024 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: 80px;" 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: 80px;" 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: 80px;" 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: 80px;" 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.	_____	_____	_____	_____	

2024 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"/>

2024 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: <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. _____	_____	_____	_____	

Volunteer Roster

FORM L
Revised 12/2022

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.

- DO NOT LIST UNIFIED PARTNERS ON THIS FORM
- ONLY LIST EACH PERSON ONCE

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.

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

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	15.			
1.					16.			
2.					17.			
3.					18.			
4.					19.			
5.					20.			
6.					21.			
7.					22.			
8.					23.			
9.					24.			
10.					25.			
11.					26.			
12.					27.			
13.					28.			

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: State Traditional Bowling

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.
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 hours per sport / 2 sports - 7.5 hours per 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 hours per sport / 1 sport - 15 hours

Sports Specific Handbooks

By signing below, I acknowledge I have read and understand the rules of the sport(s) being contested.

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
- Coaches Education
- Delegation Financial Accounts & Assets
- Interpreter Policy

Head of Delegation Signature

Date