2026 STATE & AREA BOCCE TOURNAMENT
DELEGATION SUMMARY FORM

Check the Area Tournament in which you will be participating

☐ Southeast Area	☐ Northeast Area	☐ Black Hills Area
Return all forms to: Forms@SOSD.org	***Return all forms to:*** Forms@SOSD.org	***Return all forms to Area Director:*** Carrie Gerdeman CGerdeman@SOSD.org

Name of Delegation: _____

Head of Delegation: _____

E-Mail: _____

Cell Phone: _____

AREA		STATE	
# of Trad Doubles Teams: _____	# of Traditional Bocce Players: _____	# of Trad Doubles Teams: _____	# of Traditional Bocce Players: _____
# of Unified Doubles Teams: _____	# of SO Athletes on Unified Bocce Teams: _____	# of Unified Doubles Teams: _____	# of SO Athletes on Unified Bocce Teams: _____
	# of UP on Unified Bocce Teams: _____		# of UP on Unified Bocce Teams: _____
	Total Number of Athletes: _____		Total Number of Athletes: _____
	Total Number of Coaches/Chaperones: _____		Total Number of Coaches/Chaperones: _____
	DELEGATION TOTAL: _____		**DELEGATION TOTAL:** _____
			Total # in delegation eating lunch Friday: _____

Delegations will be charged for meals if an excessive number are requested but not eaten

Volunteer Roster

FORM L
Revised 12/2025

School/Agency: _____ **Event:** Bocce

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

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

HOD (Level 2 certified)		**Area**	**State**
1.			
Head Coach (Level 2 certified)		**Area**	**State**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
Coach (Level 1 certified)		**Area**	**State**
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2.			
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13.			

Chaperone (Include Minors)			
DO NOT List Unified Partners		**Area**	**State**
1.			
2.			
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FORM M
Revised 11/2025

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: Bocce

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.
Powerlifting	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