

I N S P I R E
G R E A T N E S S[™]



Special Olympics
New Hampshire

Program Overview Form
2003 SONH Fall Games

Return this packet by Friday, October 3, 2003

Special Olympics New Hampshire
650 Elm St
Manchester, NH 03101
Fax: (603) 624-4911 or e-mail: DanC@sonh.org

Local Program Name: _____ Local Program Code: _____

Fall Games Contact: _____

Work **Home** Address: _____

City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

Fax #: _____ E-mail: _____

Meals:

Breakfast

Local Program _____

Family _____

Lunch

Local Program _____

Family _____

Assessment

of coaches _____ # of athletes _____

Program Total: _____ x \$15.00 = _____

Debit Local Program Account

Check Enclosed

Please Send Invoice to:

Are your medical releases for your athletes and partners current. Yes No

GENERAL INFORMATION

2003 SONH Fall Games

REGISTRATION:

Local Program registration will take place at Memorial HS from 7:15 a.m. to 8:15 a.m. in the main lobby inside the front entrance to the school. Each Local Program will be expected to send in one representative to register each Local Program. There is plenty of parking and attendants will be available for assistance.

OPENING CEREMONIES:

Opening Ceremonies will take place at the Memorial HS soccer/baseball field. The Parade of Athletes will begin at 9:00 a.m. followed by the Official Opening of the Games. Parade staging will begin at 8:15 a.m. in the designated area. In the event of the ceremonies being moved indoors, Opening Ceremonies will take place inside the high school.

MEALS:

Both breakfast and lunch will be provided to the participants and family members at this year's event. A continental breakfast will be provided in the parade staging area from 8:15 a.m. to 9:00 a.m. **All participants should plan to have lunch at Memorial HS. No lunches will be delivered to any of the other competition venues.** A hot sit-down lunch will be provided for all participants and families.

Bowling participants will be served lunch beginning at 11:00 a.m. in order to be at the bowling alleys on time.

Volleyball teams and cross country competitors will be served lunch beginning at 1:00 p.m. following competition.

DIRECTIONS:

Directions to Memorial HS and to all competition venues can be found on our web site at www.sonh.org or call the SONH office at (603) 624-1250.

AWARDS:

Awards will immediately follow the end of competition at each competition venue.

COSTS:

Each participant that is a registered member of a Local Program will be assessed a \$15.00 fee for participation. This fee will be due before October 18th or on-site. The assessment fee is charged to the Local Program and should not be charged to the individual athlete. No athlete will be denied the opportunity to participate based on their ability to pay.

FAMILY PARTICIPATION:

SONH encourages all Programs to invite the immediate and extended families & friends of athletes to attend the Fall Games and take part in all aspects of the event. Family members who are coaches or other official members of your Local Program should be registered with your Program. Family members will also be provided lunch as part of the event. Please make sure that you designate the number of family members who will be joining you for meals on your Program Overview Form.

INDIVIDUAL ATHLETE REGISTRATION FORM

2003 SONH Fall Games

Return this form no later than Friday, October 3, 2003

EVENT: Bowling

Event Code/BOCPIN (Candlepin Bowling)
Event Code/BOTPIN (Ten Pin Bowling)

Cross Country Running

Event Code/AT1500 (1,500 Meters)
Event Code/AT3000 (3,000 Meters)
Event Code/AT5000 (5,000 Meters)

Athlete Name:
Event Code:
T-shirt

 Size: S M L XL XXL

 Need an accessible lane

 Has this athlete participated before? Yes No If no, Sex: M F Age: _____

Athlete Name:
Event Code:
T-shirt

 Size: S M L XL XXL

 Need an accessible lane

 Has this athlete participated before? Yes No If no, Sex: M F Age: _____

Athlete Name:
Event Code:
T-shirt

 Size: S M L XL XXL

 Need an accessible lane

 Has this athlete participated before? Yes No If no, Sex: M F Age: _____

Athlete Name:
Event Code:
T-shirt

 Size: S M L XL XXL

 Need an accessible lane

 Has this athlete participated before? Yes No If no, Sex: M F Age: _____

Athlete Name: _____ **Event Code:** _____ **T-shirt**
Size: S M L XL XXL
 Need an accessible lane
 Has this athlete participated before? Yes No If no, Sex: M F Age: _____

Athlete Name: _____ **Event Code:** _____ **T-shirt**
Size: S M L XL XXL
 Need an accessible lane
 Has this athlete participated before? Yes No If no, Sex: M F Age: _____

Athlete Name: _____ **Event Code:** _____ **T-shirt**
Size: S M L XL XXL
 Need an accessible lane
 Has this athlete participated before? Yes No If no, Sex: M F Age: _____

Athlete Name: _____ **Event Code:** _____ **T-shirt**
Size: S M L XL XXL
 Need an accessible lane
 Has this athlete participated before? Yes No If no, Sex: M F Age: _____

Athlete Name: _____ **Event Code:** _____ **T-shirt**
Size: S M L XL XXL
 Need an accessible lane
 Has this athlete participated before? Yes No If no, Sex: M F Age: _____

UNIFIED DOUBLES REGISTRATION FORM

2003 SONH Fall Games

Return this form no later than Friday, October 3, 2003

EVENT: Bowling

Event Code/BOUND B C (Unified Sports™ Candlepin Doubles)

Event Code/BOUND B T (Unified Sports™ Ten Pin Doubles)

Team 1

Athlete:

Event Code:

T-shirt

Size: S M L XL XXL

Has this athlete participated before? Yes No If no, Sex: M F Age: _____

Partner:

T-shirt

Size: S M L XL XXL

Has this partner participated before? Yes No If no, Sex: M F Age: _____

Need an accessible lane

Team 2

Athlete:

Event Code:

T-shirt

Size: S M L XL XXL

Has this athlete participated before? Yes No If no, Sex: M F Age: _____

Partner:

T-shirt

Size: S M L XL XXL

Has this partner participated before? Yes No If no, Sex: M F Age: _____

Need an accessible lane

Team 3

Athlete:

Event Code:

T-shirt

Size: S M L XL XXL

Has this athlete participated before? Yes No If no, Sex: M F Age: _____

Partner:

T-shirt

Size: S M L XL XXL

Has this partner participated before? Yes No If no, Sex: M F Age: _____

Need an accessible lane

Team 4

Athlete:

Event Code:

T-shirt

Size: S M L XL XXL

Has this athlete participated before? Yes No If no, Sex: M F Age: _____

Partner:

T-shirt

Size: S M L XL XXL

Has this partner participated before? Yes No If no, Sex: M F Age: _____

Need an accessible lane

Team 5

Athlete:

Event Code:

T-shirt

Size: S M L XL XXL

Has this athlete participated before? Yes No If no, Sex: M F Age: _____

Partner:

T-shirt

Size: S M L XL XXL

Has this partner participated before? Yes No If no, Sex: M F Age: _____

Need an accessible lane

Team 6

Athlete:

Event Code:

T-shirt

Size: S M L XL XXL

Has this athlete participated before? Yes No If no, Sex: M F Age: _____

Partner:

T-shirt

Size: S M L XL XXL

Has this partner participated before? Yes No If no, Sex: M F Age: _____

Need an accessible lane

Team 7

Athlete:

Event Code:

T-shirt

Size: S M L XL XXL

Has this athlete participated before? Yes No If no, Sex: M F Age: _____

Partner:

T-shirt

Size: S M L XL XXL

Has this partner participated before? Yes No If no, Sex: M F Age: _____

Need an accessible lane

Team 8

Athlete:

Event Code:

T-shirt

Size: S M L XL XXL

Has this athlete participated before? Yes No If no, Sex: M F Age: _____

Partner:

T-shirt

Size: S M L XL XXL

Has this partner participated before? Yes No If no, Sex: M F Age: _____

Need an accessible lane

TEAM REGISTRATION FORM

2003 SONH Fall Games

Return this form no later than Friday, October 3, 2003

TEAM NAME: _____

EVENT: Unified Sports™ Volleyball Team Event Code/VBUNTM

- Level A Advanced
- Level B Intermediate
- Level C Beginner

For both team sports there must be an equal number of Special Olympics Athletes and Partners on the court/field to start each game. The roster should be limited to no more than 10 players.

Head Coach: _____

Please list all members of the team and designate if they are a Partner or an Athlete.

*PLEASE NOTE: The oldest athlete or partner on the team determines which age group a team plays in.

Name

1. _____

Partner Athlete Age_____ T-shirt size: S M L XL XXL

2. _____

Partner Athlete Age_____ T-shirt size: S M L XL XXL

3. _____

Partner Athlete Age_____ T-shirt size: S M L XL XXL

4. _____

Partner Athlete Age_____ T-shirt size: S M L XL XXL

5. _____

Partner Athlete Age_____ T-shirt size: S M L XL XXL

6. _____

Partner Athlete Age_____ T-shirt size: S M L XL XXL

7. _____

Partner Athlete Age_____ T-shirt size: S M L XL XXL

8. _____
 Partner Athlete Age _____ T-shirt size: S M L XL XXL

9. _____
 Partner Athlete Age _____ T-shirt size: S M L XL XXL

10. _____
 Partner Athlete Age _____ T-shirt size: S M L XL XXL

COACH REGISTRATION FORM

2003 SONH Fall Games

Return this form no later than Friday, October 3, 2003

Coach Name: _____ **Sport:** Cross Country
 Volleyball
 Bowling

Work **Home** Address: _____

City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

Fax #: _____ E-mail: _____

T-shirt size: S M L XL XXL

Coach Name: _____ **Sport:** Cross Country
 Volleyball
 Bowling

Work **Home** Address: _____

City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

Fax #: _____ E-mail: _____

T-shirt size: S M L XL XXL

Coach Name: _____ **Sport:** Cross Country
 Volleyball
 Bowling

Work **Home** Address: _____

City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

Fax #: _____ E-mail: _____

T-shirt size: S M L XL XXL

Coach Name: _____

Sport: Cross Country
 Volleyball
 Bowling

Work **Home** Address: _____

City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

Fax #: _____ E-mail: _____

T-shirt size: S M L XL XXL

Coach Name: _____

Sport: Cross Country
 Volleyball
 Bowling

Work **Home** Address: _____

City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

Fax #: _____ E-mail: _____

T-shirt size: S M L XL XXL

Coach Name: _____

Sport: Cross Country
 Volleyball
 Bowling

Work **Home** Address: _____

City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

Fax #: _____ E-mail: _____

T-shirt size: S M L XL XXL

Coach Name: _____

Sport: Cross Country
 Volleyball
 Bowling

Work **Home** Address: _____

City/State/Zip: _____

Day Phone: _____ Evening Phone: _____

Fax #: _____ E-mail: _____

T-shirt size: S M L XL XXL

SPORT TIPS FOR FALL GAMES COMPETITION

2003 SONH Fall Games

The Special Olympics Official Summer Sports Rules can be found at:

<http://www.specialolympics.org>

Unified Sports™ Volleyball

The following levels of competition will be offered at this year's Fall Games. Please use the information below as a guideline to place your team. This year's volleyball competition will be held at Memorial HS and Southside Elementary School. Both facilities are within walking distance of each other. The competition will consist of a divisioning round from 11:00 to 1:00 and will conclude with the medal round from 2:00 to 4:00.

Beginner

This skill level is typically for younger players (elementary and junior high school). An oversized, lightweight ball is used. The net height is official U.S. Volleyball Association (USVBA) women's height of 7' 4 1/8". Six players per side, alternating Special Olympics and Unified athletes. Players are encouraged to serve from behind the baseline, but may move onto the court as needed, corresponding with their ability to serve the ball across the net. Each player is given two serve attempts. If a "bad" serve follows a "successful good" serve, no second attempt is allowed. No server may serve more than 3 points in a row (to prevent domination by one or more higher skilled players). After 3 points by one server, the team maintains the serve, but must rotate their players. "Let" serves (serves that hit the net and land on the opponent's side of court) are not playable. On-court coaching assistance is permissible, as necessary. Free substitutions are allowed, after play is dead.

Intermediate

This skill level is typically for high school age and older players, whose teams have several physically challenged players. A regulation size, lightweight ball is used. The net height is official U.S. Volleyball Association (USVBA) women's height of 7' 4 1/8". Six players per side, alternating Special Olympics and Unified athletes. Players are encouraged to serve from behind the baseline, but may move onto the court as needed, corresponding with their ability to serve the ball across the net. Each player is given two serve attempts. If a "bad" serve follows a "successful good" serve, no second attempt is allowed. No server may serve more than 3 points in a row (to prevent domination by one or more higher skilled players). After 3 points by one server, the team maintains the serve, but must rotate their players. "Let" serves (serves that hit the net and land on the opponent's side of court) are not playable. On-court coaching assistance is permissible, as necessary. Free substitutions are allowed, after play is dead.

Advanced

This skill level is typically for high school age and older players, whose teams have a limited number of physically challenged players. A regulation ball is used. The net height is official U.S. Volleyball Association (USVBA) men's height of 7' 11 5/8". Six players per side,

alternating Special Olympics and Unified athletes. Players are expected to serve from behind the baseline (except for those with limiting physical disabilities, who may move onto the court as needed, corresponding with their ability to serve the ball across the net). Each player is given one serve attempt. No server may serve more than 3 points in a row (to prevent domination by one or more higher skilled players). After 3 points by one server, the team maintains the serve, but must rotate their players. “Let” serves (serves that hit the net and land on the opponent’s side of court) are playable. On-court coaching assistance is permissible, as necessary. Free substitutions are allowed, after play is dead.

Cross Country

This year’s cross country competition is tentatively schedule for Memorial HS. Competition will include three events: 1k, 3k, and 5k. Competition will begin with the running of the 1k as part of this year’s Opening Ceremonies. The 3k and 5k races will take place immediately following – a break between races will be provided for those racers competing back to back. Competition will conclude by 2:00 pm.

Bowling

This years bowling competition will take place at 3 bowling alleys in the Greater Manchester Area: Lakeside Lanes, Stadium TenPin (all ten pin bowlers), and King Lanes. Boutwell’s (Concord) and Leda Lanes (Nashua) will also be used for competition.

Competition at this year’s event will include: Candlepin Singles, Unified Doubles Candlepin, TenPin Singles, and Unified Doubles TenPin. Ramp bowlers will be included in each respective event. There will not be a separate division for athletes using a ramp or other device.

All Bowling competitors are asked to be at their respective Lane by 12:30 pm (1:00 pm if you are assigned to Leda Lanes or Boutwell’s) the day of competition. All competition should be concluded no later than 4:30. Location assignments will be included in the follow up mailing you will receive the week prior to the event. Teams should be prepared to have competitors at more than one bowling alley.

Format

Each participant will bowl a total of three games. Participant will bowl 1 frame at a time. Unified Sports Double Team will alternate between athlete and partner.

Scoring – **No handicap scoring system will be used at this year’s competition.** Final place will be determined by the raw score of each individual or by a combined team score in Unified Doubles.

Bumpers – **Bumpers will not be used or permitted during competition at any time.**