

2017 Special Olympics Ohio
WINTER GAMES ORGANIZATION REGISTRATION FORM

Directions: Please fill out completely and return with your "Individual Entry Forms". This form and any "Rental Information Forms" **must be in the state office no later than noon on January 12, 2017.**

County/Organization: _____

Head of Delegation (HOD) Name: _____

HOD Work Address: _____

 (City) (State) (Zip)

HOD Office Phone: _____ Home: _____

Cell: _____ HOD E-mail: _____

TO FIGURE HOW MUCH YOU OWE, FOLLOW THIS EQUATION:

Total number of athletes in alpine events
 and coaches who will be alpine skiing.
 (Lift Tickets Only). _____ X \$24.00 = _____

Total number of athletes and coaches who need
 lifts and will rent alpine equipment (Lifts & rents). _____ X \$40.00 = _____

Total number of athletes, partners and
 coaches registration fees. _____ X \$45.00 = _____

Total Amount Owed \$ _____

Wednesday morning breakfast Option **Total Number** _____

Your check should be made out to the Special Olympics Ohio, Inc., and it should accompany this form. Please remember that you must pay for all that you enter prior to the Games, and there will be no refunds for late scratches. If you have athletes who scratch, you may fill their positions with chaperones.

I certify that the participants whose names are listed on this form and the attached forms are registered as Special Olympics athletes and have approved, signed, current Athlete Application for Participation and Release Forms on file with the state office. Chaperones will have these forms in their possession while at the State Winter Games, February 1-2, 2017. I further attest that all of my Class "A" volunteer coaches and chaperones have complied with the Special Olympics Volunteer Policy.

 Local Coordinator's Signature

 Date

2017 STATE WINTER GAMES ORGANIZATON ROSTER

Directions: Please list all your athletes **alphabetically** for the Tournament Program. Also, be sure to list coaches at the bottom.

County/Organization: _____

- | | |
|-----------|-----------|
| 1. _____ | 15. _____ |
| 2. _____ | 16. _____ |
| 3. _____ | 17. _____ |
| 4. _____ | 18. _____ |
| 5. _____ | 19. _____ |
| 6. _____ | 20. _____ |
| 7. _____ | 21. _____ |
| 8. _____ | 22. _____ |
| 9. _____ | 23. _____ |
| 10. _____ | 24. _____ |
| 11. _____ | 25. _____ |
| 12. _____ | 26. _____ |
| 13. _____ | 27. _____ |
| 14. _____ | 28. _____ |

COACH'S NAMES:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |
| 6. _____ | 11. _____ |

HOTEL RESERVATION FORM
SPECIAL OLYMPICS OHIO
STATE WINTER GAMES
February 1-2, 2017

Clarion Inn Hudson
Route 8 and Ohio Turnpike, Exit 12
Hudson, Ohio 44236
Phone: (330) 653-9191 Fax: (330) 656-0048

Please complete and send to the above address by *January 10, 2017* or fax it at the earliest possible date. This form is for your reservation; you do not need to phone the hotel. Reservations are on a first come first serve basis.

RATES:

Singles @ \$65.00 Doubles @ \$65.00 Triples @ \$65.00
Quads @ \$65.00 Roll - Away Bed @ \$10.00

You must bring your state tax exemption number or there will be an additional state and local taxes on each of your sleeping rooms that is not reflected in the above figures.

It is understood that all charges will be taken care of by cash, check or major credit card at check-out.

Method of Payment: MASTER BILL _____ INDIVIDUAL PAYMENT _____

Confirmation Requested: YES _____ NO _____

Cut off date for reservations are January 10, 2017.

NAME OF SCHOOL: _____

ADDRESS: _____

TELEPHONE: Business _____ After Hours _____

NAME OF CONTACT: _____

DATE OF ARRIVAL: _____ APPROX. TIME: _____

DATE OF DEPARTURE: _____ APPROX. TIME: _____

NUMBER OF ROOMS NEEDED PER NIGHT: _____

HOW MANY OF THESE ROOMS ARE FOR NORDIC SKIERS? _____

ROOMING LIST: Please indicate those individuals sharing a room on the back of the form. Please put an asterisk* by all chaperones. Also, please indicate which rooms if any require rollaway beds.

FAMILY REGISTRATION FORM

If you are planning or interested in attending the Special Olympics Ohio State Winter Games February 1-2, 2017 at the Cuyahoga National Park, please fill out this form and mail to:

Special Olympics Ohio
C/O Hospitality Committee
3303 Winchester Pike
Columbus, Ohio 43232

Registered families receive a games schedule, maps, directions, motel information, and family ribbons.

2017 State Winter Games
FAMILY REGISTRATION FORM

1. NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ Zip: _____

TELEPHONE: _____

2. SPECIAL OLYMPICAN'S NAME: _____

3. NAME OF LOCAL ORGANIZATION: _____

4. NUMBER OF FAMILY MEMBERS ATTENDING: _____