



Special Olympics
Vermont

2009 Winter Games Fact Sheet

- Location:** Woodstock Inn - Suicide Six, Woodstock, Vermont
- Date:** March 20-22, 2009
- Goal:** To provide a high quality Olympic-type games experience that highlights the abilities of the athletes in a safe and respectful environment.
- Sports:** Alpine Skiing, Snowboarding, Cross Country, Snowshoe
- Special Events:** Opening Ceremony
Olympic Town
Awards Banquet
Victory Dance
Closing Ceremony
- Tentative Schedule:**
- | | |
|----------|--|
| Friday | School Based Unified Snowshoe Competition
Registration ó Arrivals
Dinner ó on your own
Opening Ceremonies |
| Saturday | Breakfast
Competition
Lunch
Competition
Awards Banquet
Victory Dance |
| Sunday | Breakfast
Competition
Lunch/Closing Ceremony |

Directions: To the Woodstock Inn

From all points North/South Interstate 89

Take Exit 1 to Rt. 4 West

10 Miles to Village Green (traffic rotary) as you circle around the Green the Inn will be on your right

From the West

Take Rt. 4 East 31 miles through Bridgewater into the Village of Woodstock, as you begin to circle the Village Green the Green will be on your left and the Inn will be on your right.

Directions: From the Woodstock Inn to Suicide Six

Go North on Route 12 (approximately 3+ miles)

Continue onto Pomfret Rd ó slight right off from Rt. 12 ógo 2 miles

Turn Left onto Stage Road and Suicide Six will be on your left.



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Vermont**

2009 Winter Games Timeline Checklist

Pre-Registration Forms – Due Friday January 30, 2009

- Housing and Meals will be based upon Pre-Registration Numbers
- Delegation Training Schedule ó by sport
- Athlete Pre-registration ó by sport
- Transportation Request Form
- Completed** Class A, AY and Protective Behaviors for all coaches and support staff.

Registration Forms – Due Friday February 20, 2009

- Alpine
- Cross Country
- Snowboard
- Snowshoe
- Summary Form
- Room Assignment form

Timeline Checklist for Tournament

Date	Timeline	Date Sent
Week of January 12	Begin Practice ó	
January 30	Athlete Pre-registration form Due	
January 30	Delegation Training Schedule form Due	
January 30	Completed Class A and AY Forms	
February 20	Registration Due	

***Registrations will not be accepted after February 20th
NO EXCEPTIONS**

Important Reminders:

Minimum Training Requirements are eight weeks/10 hours prior to competition in specific sport. Call State office for Skills Training Guide for Training ideas.

Medicals/Consent original form must be signed and completed on file in State Office prior to training. Athletes/Partners without medical/consent forms will NOT be eligible to compete at State competition. Incomplete forms will be returned.

All Coaches and Support Staff need a volunteer application signed and, criminal background checks and On-Line Protective Behaviors completed by SOVT on file with the state office.

MOST IMPORTANT! Make Training Fun!!



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Delegation Training Schedule

This form will assist the State in setting up times to visit Delegations at their practices in an effort to answer questions and observe training techniques. It is also useful when individuals call the State Office looking for information about your practice times.

Please submit to the state office by January 30, 2009

Delegation			
Coordinator		Phone	
Address		E-mail	
City		State	Zip

Training Schedule:

Sport	Day/Time	Location
Alpine		
Cross Country		
Snowshoe		

Driving Directions to practice locations:



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2009 Winter Games
Woodstock Inn - Suicide Six
March 20-22

Fees:

The Delegation Report Form will assist you in determining the 4:1 ratio for your program, additionally a Program Coordinator. For every 8 athletes you are allotted an additional person (Program Coordinator Support).

Example #1: 7 athletes competing

- 1 Program Coordinator
 - 1 Coach/Support for the first 4 athletes
 - 1 Coach/Support for the additional 3 athletes
- TOTAL number in delegation = 10 (7 athletes ó 3 support)
Fees ó 10 x \$35.00 = \$350 **Includes 2 nights lodging and all meals.**

Example #2: 8 athletes competing – PLUS 2 additional support above quota

- 1 Program Coordinator
 - 1 Coach/Support for the first 4 athletes
 - 1 Coach/Support for the next 4 athletes
 - 1 Program Coordinator Assistant
- TOTAL within the allotted quota = 12 (8 athletes ó 4 support)
Fees ó 12 x \$35.00 = \$420
ADDITIONAL SUPPORT above quota ó 2 x \$150= \$300
TOTAL fees - \$420 + \$300 = \$720.00
Includes 2 nights lodging and all meals.

Example #3: 4 overnight athletes competing plus 4 athletes and 6 coaches/support day ONLY

- 1 Program Coordinator
 - 1 Coach/Support for the first 4 athletes
 - 1 Coach/Support for the additional 3 athletes
- TOTAL number overnight = 10 (7 athletes ó 3 support)
Fees ó 10 x \$35.00 = \$350 **Includes 2 nights lodging and all meals.**
PLUS ó 10 additional people day rate \$5per day/per person = \$100 ó **Lunch ONLY**
TOTAL Fees - \$350 + \$100 = \$450.00

Please contact us for further clarification.

Delegation Report - OVERNIGHT

Delegation _____

Please print legibly and submit to the State Office by February 20, 2009

PAGE _____ of _____

	Role	Last Name	First Name	Special Needs	Sport
HOD	Program Coordinator (HOD) ó only one per Delegation.				
C 1	Coach/Support				
1.	Athlete				
2.	Athlete				
3.	Athlete				
4.	Athlete				
C 2	Coach/Support				
5.	Athlete				
6.	Athlete				
7.	Athlete				
8.	Athlete				
AHOD	Program Coordinator Assistant (AHOD)				
C3	Coach /Support				
9.	Athlete				
10.	Athlete				
11.	Athlete				
12.	Athlete				
C4	Coach/Support				
13.	Athlete				
14.	Athlete				
15.	Athlete				
16.	Athlete				
AHOD	Program Coordinator Assistant (AHOD)				
	ABOVE RATIO SUPPORT				
	Additional Support - \$150				
	Additional Support - \$150				
	Additional Support - \$150				
	Additional Support - \$150				

Each program will be responsible for room assignments based upon these numbers. A form will be sent after this form is received.

