



Special Olympics
Vermont

2010 Winter Games Fact Sheet

- Location:** Woodstock Inn - Suicide Six, Woodstock, Vermont
- Date:** March 12-14, 2010
- 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 ó separate registration forms
Registration ó Arrivals
Dinner ó on your own
Opening Ceremonies |
| Saturday | Breakfast
Competition
Lunch
Competition
Awards Banquet
Victory Dance |
| Sunday | Breakfast ó Closing Remarks
Competition
Lunch |

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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2010 Winter Games Timeline Checklist

Pre-Registration Forms – Due Friday January 29, 2010

- 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 January 29, 2010

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

Timeline Checklist for Tournament

Date	Timeline	Date Sent
Week of January 11	Begin Practice ó	
January 29	Athlete Pre-registration form Due	
January 29	Delegation Training Schedule form Due	
January 29	Completed Class A and AY Forms	
February 19	Registration Due	

***Registrations will not be accepted after February 19th
NO EXCEPTIONS**

Important Reminders:

Minimum Training Requirements are eight weeks/10 hours prior to competition in specific sport. Go online for great coaching training guides and resources. <http://www.specialolympics.org/>

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 29, 2010

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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<p>2010 Winter Games – Fees</p>
<p>\$50 per registered person (athlete, coach, program coordinator and additional support) This includes two nights lodging, two breakfasts, two lunches and awards banquet.</p> <p>Above Allotted Quota - \$200.00 per person.</p>
<p>Total maximum occupancy per room is four (4). Only one person per bed (unless related).</p>
<p>Day rate - \$10 per registered person – per day – only LUNCH is included Additional Charge for Banquet for Day Rate Registered Delegates</p>

Only registered athletes, coaches and support people will receive credentials for meals.

4:1 RATIO

FOUR ATHLETES TO ONE COACHES/SUPPORT

One additional support is allowed for every 8 athletes.

Special Consideration will be made for athletes requiring additional support.

Number of athletes	Allotted coach 4:1 ratio	Program Coordinator & Additional Support	TOTAL ALLOCATED SUPPORT
1 - 4	1	1	2
5 - 8	2	1	3
9 - 12	3	2	5
13 - 16	4	2	6
17 - 20	5	3	8
21 - 24	6	3	9
25 - 28	7	4	11
29 - 32	8	4	12
33 - 36	9	5	14
37 - 40	10	5	15

DELEGATION NAME	# Athletes	# Total Allotted Support	Total



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Room Assignment Form - max. capacity is 4

Delegation _____

A=Athlete, **P**=Program Coordinator, **C**=Coach, **S**=Additional Support Page _____ of _____

	A,P,C,S	Last Name	First Name	Special Needs	
1.					
2.					
3.					
4.					

	A,P,C,S	Last Name	First Name	Special Needs	
1.					
2.					
3.					
4.					

	A,P,C,S	Last Name	First Name	Special Needs	
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