SPECIAL OLYMPICS NEW YORK

Capital District Fall Classic

**Sunday September 22nd, 2024**

**LOCATION:** **Opening Ceremonies and Softball Team/Skills-**

McBride Fields

16 McBride Road, Mechanicville NY 12118

**Bocce Competition-**

Italian Fraternal Society

38 Viall Ave, Mechanicville, NY 12118

**EVENTS:**

* + - * + Softball Team
        + Softball Skills
        + Bocce

**REGISTRATION:** **ATTENTION CAPITAL REGION TRAINING CLUBS:**

For Eligibility for this event, an up-to-date roster must be submitted before the registration deadline!

* Delegation (Team) Information Sheet
* Housing Information Sheet (If applicable)
* Athlete and Coaches Registration Forms (include alternates, staff and drivers)

Above forms may be **emailed**, **mailed**, or **faxed** to: **Erik Kromer**

**Fax:** 518-612-4060 **E-Mail:** [**ekromer@nyso.org**](mailto:ekromer@nyso.org)

**Friday, September 6th, 2024**

Deadline

Please be sure to register alternates, as additional athletes cannot be added after the registration deadline.

**Please Note: ALL coaches must travel with their medical & consent forms to this event.**

**AREAS/REGIONS:** All regions and areas are invited to participate. Preference is given to Capital District and North Country Region Training Clubs.

**AWARDS:** Medals awarded for Gold, Silver and Bronze; ribbons for 4th -8th- place.

**ALTERNATES:** An athlete or coach can only be replaced by an athlete or coach that has been **pre-registered**.

**ATTIRE:** Athletes must be dressed in matching team attire and adhere to all rules.

**MEALS:** Meals are NOT provided at this event. Concessions should be available. To be confirmed closer to day of event.

**HOUSING:** If your delegation is requesting housing, please contact your Director of Program for your Region. **Hotel information TBD.**

**ATHLETES AND COACHES BEING HOUSED MUST HAVE HOUSING LISTS SUBMITED VIA EMAIL OR FAX NO LATER THAN Friday, August 26th.**

**DIRECTIONS:** From I-87, take exit 9. Proceed East on RT 146. Take to end, at light with Toyota Dealership in front you, turn left. Follow NY-146 E and Pruyn Hill Rd to McBride Rd in Halfmoon. (4.7 miles)

Italian Fraternal Society (Bocce competition)- Head east on McBride Rd/Pruyn Hill Rd. Left onto S 3rd Ave. Cross the RR tracks onto Davenport Estates/Viall Ave. IFS is on the right.

**TOBACCO POLICY:** Special Olympics New York has been designated ***Tobacco Free.*** Smoking and use of other tobacco products (such as snuff and chew) will not be permitted at any Special Olympics training or competition.

# SPECIAL OLYMPICS NEW YORK

Capital District Fall Classic

9/22/2024

**EVENT SCHEDULE**

*(subject to change)*

**Saturday, September 20th, 2024:**

4:00 - 7:00 pm Hotel check-in and arrival for overnight athletes & coaches

**Dinner on Friday night is on your own**

## Sunday, September 22nd, 2024: McBride Fields

6:00 – 8:00 am Breakfast at the hotel – for Regions/Areas being housed

8:00 – 8:30am Volunteer Registration

8:30 – 9:00 am Arrival/Registration

**On-Site Delegation Registration**

Please arrive with the athletes dressed in competition attire.

Athletes should be dressed and prepared to participate in an all-day **outdoor** event.

The following steps will be completed at on-site registration:

* Attendance and Event Entry Confirmation
* Checking of Medical/Consent forms- ALL coaches MUST have medicals with them at all times
* Athlete numbers and nametags (Skills)
* Handouts (coaches, manuals, updated schedules, etc.)

8:30-1:00 pm Performance Stations

9:00-9:20am Coaches Meeting

9:20 - 9:45 am Opening Ceremonies

9:50 Bocce Athletes Depart for Italian Fraternal Society for competition

10:00 - 10:30 am Softball Pairing Games

11:00am Competition at designated fields and sites

4:00 pm Departure

**Delegation Information Sheet**

2024 Capital District Fall Classic

*If completing for a region with multiple teams please provide contact information for each team. Each team must have at least one cell phone contact number listed.*

Region/Area:

Training Club Name:

Head Coach of Training Club:

Day of Event Phone #:

Email:

**Opening Ceremonies Participation**

Please name one individual to hold your team sign for Opening Ceremonies:

Please name one Athlete from your club able to participate in the torch exchange, if selected:

Please name one individual able to perform the Athlete Oath, if selected:

Please name any persons capable of singing the National Anthem:

**Out of Region Teams**

Scheduled Arrival and Departure Day & Time: Arrival\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hotel rooms needed (Submit housing forms to Erik Kromer by Sept 2nd): \_\_\_\_\_\_\_\_\_\_\_\_\_