SENIOR BOWLING

ATHLETE REGISTRATION

TEAM:	

INSTRUCTIONS:
All athletes will compete in team competition. All athletes must be registered in 4 person team. Athletes must wear appropriate bowling attire!
Please register ***ALL*** attending coaches and support staff

ATHLETE'S NAMES Last	First	DOB MM/DD/YY	Gender M OR F	Wheelchair Y OR N	Needs Ramp? Yes or No	Team (A, B, C, etc)	Individual average

**ALL INFORMATION IS REQUIRED FOR EACH ATHLETE TO BE REGISTERED.
IF THE INFORMATION IS NOT PROVIDED, THE ATHLETE(S) MAY BE SCRATCHED.

SENIOR BOWLING

COACH REGISTRATION

TEAM:	

INSTRUCTIONS:
Please register all coaches in attendance.
Additional support staff (bus drivers, nurses, 1:1 support, etc.) *MUST* be registered as well.
Please list any alternates that could possibly attend.

COACHES NAME *LAST*	*FIRST*	GENDER *M OR F*	DATE OF BIRTH *MM/DD/YY*	PHONE *XXX-XXX-XXXX*	EMAIL ADDRESS

ADDITIONAL SUPPORT (LAST)	(FIRST)	GENDER	DOB	PHONE	EMAIL ADDRESS