SENIOR BOWLING - CENTRAL

ATHLETE REGISTRATION

TEAM:	

INSTRUCTIONS:
Enter athletes into one of the following catagories: Single or Ramp.
Medical and Consent Forms must be present for each athlete at registration.
Athletes must wear appropriate bolwing attire!
Please register ***ALL*** attending coaches and support staff

ATHLETES NAMES (LAST, FIRST) Last	First	DOB MM/DD/YY	GENDER M OR F	WHEELCHAIR Y OR N	SELECT EVENT: (USE AN "X") BOWLING SINGLES	RAMP	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 - CENTRAL

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