LI REGION BOWLING TOURNAMENT

ATHLETE FORM

INSTRUCTIONS
1. All athletes must either enter Single, Ramp, or Team. (One Event Only)
2. Identify which event he/she is competing in by placing a check mark in the appropriate column.
3. Enter bowling average for each registered athlete.
4. Athletes should bring their own equipment whenever possible.

TEAM NAME		REGION	

ACTIVE ATHLETES			DOB	SEX		EVENT SELECT ONE		BOWLING AVERAGE
#	Last Name	First Name	(Month/Day/Year)	M	F	SINGLE	RAMP	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

ALTERNATE ATHLETES			DOB	SEX		EVENT SELECT ONE		BOWLING AVERAGE
#	Last Name	First Name	(Month/Day/Year)	M	F	SINGLE	RAMP	
1								
2								
3								
4								
5								

If an athlete identifies as non-binary, please leave the gender box unchecked.

LI REGIONAL BOWLING TOURNAMENT

COACH FORM

INSTRUCTIONS
1. All coaches within your quota must be certified.
2. All volunteers for team must be registered. This includes coaches, agency staff, one-on-ones, etc.
3. Alternate coaches are to replace coaches unable to attend games.

Special Olympics *New York*

TEAM NAME		REGION	

ACTIVE COACHES			Date of Birth (Month/Date/Year)	SEX		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							

Agency Staff, One-on-One, Etc.			Date of Birth (Month/Date/Year)	SEX		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							

ALTERNATE COACHES			Date of Birth (Month/Date/Year)	SEX		Certification Currrent?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							

If a coach or volunteer identifies as non-binary, please leave gender box unchecked.