LI REGION BOWLING TOURNAMENT
TEAM FORM

INSTRUCTIONS
1. All athletes must either enter Single, Ramp, or Team. (One Event Only)
2. List athletes competing on each team, DOB, gender, individual bowling average, team total score, and team name.
3. In order to get the Team Total Score, add together the entire team's bowling averages.
4. If you are registering more than one team, please identify each team with a designation of A,B,C, or D.
5. Athletes should bring their own equipment whenever possible.

TEAM NAME | | **REGION** |

#	Active Athletes		DOB (Month/Day/Year)	GENDER		Bowling Average	Team Total Score	Team A, B, C, D
	Last Name	First Name		M	F			
1								
2								
3								
4								
1								
2								
3								
4								
1								
2								
3								
4								
1								
2								
3								
4								

If an athlete identifies as non-binary, please leave 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)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							

1:1 Chaperones (must be Class A Certified)			Date of Birth (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							

ALTERNATE COACHES			Date of Birth (Month/Date/Year)	GENDER		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.