

2011 REGIONAL BOWLING REGISTRATION ATHLETE ROSTER

Please Print Clearly:

Agency Number: _____ Agency Name: _____

**Head Coach: _____ W: (_____) H: (_____)

Address: _____
(City) (State) (Zip)

Fax: (_____) E-mail: _____

Cell phone contact number while at the Tournament: (_____) _____

RETURN THIS FORM TO YOUR REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!

Number of coaches and/or chaperones who will attend this tournament: _____

**I have verified that all chaperones attending the tournament are
approved SOWI Class A certified volunteers (check .**

Reminder: athlete to coaches/chaperone ratio is minimum of 4:1

Will you be taking qualified athletes to the sectional tournament? Yes _____ No _____

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	15 GAME AVERAGE	WHCH [X]
1				<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>
6				<input type="checkbox"/>
7				<input type="checkbox"/>
8				<input type="checkbox"/>
9				<input type="checkbox"/>
10				<input type="checkbox"/>
11				<input type="checkbox"/>
12				<input type="checkbox"/>
13				<input type="checkbox"/>
14				<input type="checkbox"/>
15				<input type="checkbox"/>

Athletes must attend previous level of competition to qualify for State.

Athletes can be entered in only one event.

Doubles and team bowlers must also be listed on those additional registration forms.

**Registration information for this regional event will be sent to the person listed as head coach.

