

2011 FALL SPORTS SEASON SECTIONAL BOWLING 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 THE HOST REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!

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

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

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

Will you be taking qualifying athletes to the State Fall Sports Tournament? Yes No

	ATHLETE NAME (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	WHEELCHAIR [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 can participate in only one event.

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