

# 2019 FALL SPORTS SEASON OVERVIEW - BOWLING

## EVENT DESCRIPTION

### OFFICIAL EVENTS OFFERED:

#### 1. BOWLING

<i>Event Code</i>	<i>Event Description</i>
BWLDEV	Developmental Singles & Ramp (one person)
BOSINR	Ramp - Single (one person)
BOSING	Singles (one person)
BODBLE	Doubles (two person)
BOTEAM	Team Bowling (four person)

### ELIGIBILITY FOR FALL SPORTS SEASON PARTICIPATION

1. Valid Official Special Olympics Release Form and Application for Participation in Special Olympics Application on file in the Headquarters office postmarked by **October 1, 2019** and remain valid through **the date of the regional competition.**
2. To be eligible to advance to the State Bowling Tournament, an athlete's Application for Participation must remain valid through the **date of the State Bowling Tournament you are attending.**
3. Athletes must participate in eight weeks of training prior to competition.
4. A bowling scratch score is based on a 15-game average submitted to the Regional office along with any other registration information prior to the deadline date for a Regional tournament. (The 15-game average can be based on any documented games which have taken place since the competition of last year's state bowling tournament.)
5. Individual bowlers using a ramp **MUST** be registered as a ramp bowler (BOSINR).

**PLEASE READ FORMS CAREFULLY!**

## 2019 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:** ( \_\_\_\_\_ )

Additional email you would like games information sent to: \_\_\_\_\_

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

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*

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	15 GAME AVERAGE	WHICH [X]	TEAM OR DOUBLES NAME 15 CHARACTER LIMIT
1				<input type="checkbox"/>	
2				<input type="checkbox"/>	
3				<input type="checkbox"/>	
4				<input type="checkbox"/>	
5				<input type="checkbox"/>	

Athletes can be entered in only one event.

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

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	15 GAME AVERAGE	WHICH [X]	TEAM OR DOUBLES NAME 15 CHARACTER LIMIT
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"/>	
16				<input type="checkbox"/>	
17				<input type="checkbox"/>	
18				<input type="checkbox"/>	
19				<input type="checkbox"/>	
20				<input type="checkbox"/>	
21				<input type="checkbox"/>	
22				<input type="checkbox"/>	
23				<input type="checkbox"/>	
24				<input type="checkbox"/>	
25				<input type="checkbox"/>	

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