



State Bowling Delegation Registration

Delegation Name _____

Head of Delegation _____

Address _____

City _____ State _____ ZIP _____

Phone Work _____ Home _____ Cell _____

Email _____

List all coaches, and chaperons who will be attending the competition with the delegation. Please indicate the roles by placing an "X" in the appropriate column.

Name		Email	HOD	COACH		CHAP
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Delegation Registration Continued...

<i>Name</i>	<i>Email</i>	<i>HOD</i>	<i>COACH</i>	<i>PART</i>	<i>CHAP</i>
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Delegation Statistics



Delegation: _____

Bowling

Teams will be placed into Sessions according to available numbers and will not have the option of choosing

- Session 1** Friday - 11:30 am - 2:30 pm
- Session 2** Friday - 2:30 pm - 5:30 pm
- Session 3** Saturday - 8:00 am - 11:00 am
- Session 4** Saturday - 11:30 am - 2:30 pm
- Session 5** Saturday - 2:30 pm - 5:30 pm
- Session 6** Sunday - 8:00 am - 11:00 am
- Session 7** Sunday - 11:30 am - 2:30 pm

Total Number of Athletes: _____

Total Number of Coaches: _____

Total Number of Chaperons: _____

Total Delegation: 0

(This number will determine the total number of meal tickets and t-shirts allotted for your team.)

Sport/Event Information:

Total number of athletes competing in:

Singles: _____ Ramp: _____ Assisted Ramp: _____

Tee Shirt Order Form (include all athletes, coaches and chaperons)

Adult Sizes Only	Small	Medium	Large	X-Large	XX-Large	XXX-Large	Total
							0

Bowling Entry Form - North Regional

NOTE: All athlete entries must have an average score recorded in the appropriate box next to their name.

Entries without scores will not be registered.

Delegation:						
Name	DOB	Gender	Average	RampAvg.	Assiste RampAvg.	
1. Example: Athlete Name	11/11/2012	M			100	
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