Special Olympics New Mexico

Delegation Registration

Unified Team Bowling Tournament

Delegation Name _____

Head of Delegation _____

Address _____

City _____ State _____ ZIP _____

Phone Work _____ Home _____ Cell _____

Email _____

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

	Name	HOD	COACH	PARTNER								
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

Delegation Registration Continued…

	Name	HOD	COACH	PARTNER								
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												

Special Olympics New Mexico

UNIFIED TEAM BOWLING TOURNAMENT REGISTRATION FORM

Delegation:

ALL ENTRIES MUST HAVE A MINIMUM AVERAGE OF 60 TO BE ELIGIBLE TO COMPETE

Team Name: _____

	Name	*Gender*	*DOB*	*Individual Average*	*Team Average*
Athlete					0
Athlete					Sum of all 4 Averages
Partner					
Partner					

Team Name: _____

	Name	*Gender*	*DOB*	*Individual Average*	*Team Average*
Athlete					0
Athlete					Sum of all 4 Averages
Partner					
Partner					

Team Name: _____

	Name	*Gender*	*DOB*	*Individual Average*	*Team Average*
Athlete					0
Athlete					Sum of all 4 Averages
Partner					
Partner					

Team Name: _____

	Name	*Gender*	*DOB*	*Individual Average*	*Team Average*
Athlete					0
Athlete					Sum of all 4 Averages
Partner					
Partner					

Team Name: _____

	Name	*Gender*	*DOB*	*Individual Average*	*Team Average*
Athlete					0
Athlete					Sum of all 4 Averages
Partner					
Partner					

Special Olympics New Mexico

Delegation: _____

General Information:

Total Number of Athletes: _____

Total Number of Coaches: _____

Total Number of Partners: _____

Total Delegation: **0**

Sport Information:

Total number of four person teams:

Number of Teams: _____

Tee Shirts - Include all Athletes, Partners and Coaches

Adult	Small	Med	Large	XL	XXL	XXXL	***Total***
	0	***0***	***0***	***0***	***0***	***0***	***0***