



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...

Name	Email	HOD	COACH	PART	CHAP
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42.					



**SONM State Bowling
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 - 10:30 am - 1:30 pm	Satrlight Lanes	
Session 2	Friday - 2:30 pm - 5:30 pm	Satrlight Lanes	
Session 3	Saturday - 8:00 am - 11:00 am	Satrlight Lanes	
Session 4	Saturday - 11:30 am - 2:30 pm	Satrlight Lanes	
Session 5	Saturday - 2:30 pm - 5:30 pm	Satrlight Lanes	
Session 6	Saturday - 8:00 am - 11:00 am	Satrlight Lanes	Tentative

Total Number of Athletes: _____

Total Number of Coaches: _____

Total Number of Chaperons: _____

Total Delegation: **0**

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	2X-Large	3X-Large	4X-Large	Total
								0



Bowling Entry Form - STATE

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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