



State Bowling Delegation Registration

Delegation Name _____

Head of Delegation _____

Phone 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	DOB	HOD	COACH	PARTNER	CHAP
1.					
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3.					
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17.					
18.					



**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*

If you have teams and singles, they will not compete on the same day

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 Partners: _____

Total Number of Chaperons: _____

Total Delegation: _____ **0**

Sport/Event Information:

Total number of athletes competing in:

Singles: _____ Ramp: _____ Assisted Ramp: _____

Team: _____

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

Adult Sizes Only	Small	Medium	Large	X-Large	2X-Large	3X-Large	4X-Large	Total
								0

SINGLES

Bowling Entry Form

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	
2.						
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TEAM BOWLING TOURNAMENT REGISTRATION FORM

Delegation: _____

**ALL ENTRIES MUST MEET THE MINIMUM AVERAGE OF 75 IN ORDER TO TAKE PART
IN THE TEAM COMPETITION**

Team Name: _____

	Name	Gender	DOB	Indv Average	Team Average
Athlete					0
Athlete					Sum of all 4 Averages please circle A/P
Athlete/Partner					
Athlete/Partner					

Team Name: _____

	Name	Gender	DOB	Indv Average	Team Average
Athlete					0
Athlete					Sum of all 4 Averages please circle A/P
Athlete/Partner					
Athlete/Partner					

Team Name: _____

	Name	Gender	DOB	Indv Average	Team Average
Athlete					0
Athlete					Sum of all 4 Averages please circle A/P
Athlete/Partner					
Athlete/Partner					

Team Name: _____

	Name	Gender	DOB	Indv Average	Team Average
Athlete					0
Athlete					Sum of all 4 Averages please circle A/P
Athlete/Partner					
Athlete/Partner					

Team Name:

	Name	Gender	DOB	Indv Average	Team Average
Athlete					0
Athlete					Sum of all 4 Averages please circle A/P
Athlete/Partner					
Athlete/Partner					

Team Name:

	Name	Gender	DOB	Indv Average	Team Average
Athlete					0
Athlete					Sum of all 4 Averages please circle A/P
Athlete/Partner					
Athlete/Partner					

Team Name:

	Name	Gender	DOB	Indv Average	Team Average
Athlete					0
Athlete					Sum of all 4 Averages please circle A/P
Athlete/Partner					
Athlete/Partner					

Team Name:

	Name	Gender	DOB	Indv Average	Team Average
Athlete					0
Athlete					Sum of all 4 Averages please circle A/P
Athlete/Partner					
Athlete/Partner					

Team Name:

	Name	Gender	DOB	Indv Average	Team Average
Athlete					0
Athlete					Sum of all 4 Averages please circle A/P
Athlete/Partner					
Athlete/Partner					

Team Name:

	Name	Gender	DOB	Indv Average	Team Average
Athlete					0
Athlete					Sum of all 4 Averages please circle A/P
Athlete/Partner					
Athlete/Partner					