2014 FALL SPORTS SEASON SECTIONAL BOWLING ATHLETE ROSTER

<u>Plea</u>	ise Print Clearly:					
Age	ncy Number:	Agency Name:				
**Head	d Coach:		W: ()	H:()
Addı	ress:			(0)()	(2)	· · · · · · · · · · · · · · · · · · ·
Fax:	()	E-mail:		(City)	(State	e) (Zip)
<u>Cell</u>	phone contact num	ber while at the Tourname	ent: ()		
R	ETURN THIS FORM	TO THE HOST REGIONAL	OFFICE B	Y THE PUBL	SHED DEADLII	NE DATE!
Num	ber of coaches and/c	or chaperones that will atten	d this sectio	nal tournamer	nt:	
		e verified that all chaperon proved SOWI Class A cert				
	Rem	ninder: athlete to coaches/o	chaperone r	atio is minimu	m of 4:1	
Will	you be taking qualifyi	ng athletes to the State Fall	Sports Tou	rnament?	Yes 🗌 No	
	(ALI	ATHLETE NAME PHABETICAL: LAST NAME, FIRS	ST)		EVENT CODE	WHEELCHAIR [X]
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Athletes can participate in only one event.

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