

## 2014 REGIONAL BOWLING REGISTRATION ATHLETE ROSTER

**Please Print Clearly:**

Agency Number: \_\_\_\_\_ Agency Name: \_\_\_\_\_

\*\*Head Coach: \_\_\_\_\_ W: ( ) H: ( )

Address: \_\_\_\_\_  
(City) (State) (Zip)

Fax: ( ) E-mail: \_\_\_\_\_

**Cell phone contact number while at the Tournament: ( )**

**RETURN THIS FORM TO YOUR REGIONAL OFFICE BY THE PUBLISHED DEADLINE DATE!**

I have verified that all chaperones attending the tournament are approved SOWI Class A certified volunteers ☐ (check ☒).

***Reminder:*** athlete to coaches/chaperone ratio is minimum of 4:1

Will you be taking qualified athletes to the sectional tournament? Yes \_\_\_\_\_ No \_\_\_\_\_

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	15 GAME AVERAGE	WHCH [X]	TEAM OR DOUBLES NAME 15 CHARACTER LIMIT
1				<input type="checkbox"/>	
2				<input type="checkbox"/>	
3				<input type="checkbox"/>	
4				<input type="checkbox"/>	
5				<input type="checkbox"/>	

Athletes must attend previous level of competition to qualify for State.

Athletes can be entered in only one event.

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

	ATHLETE NAMES (ALPHABETICAL: LAST NAME, FIRST)	EVENT CODE	15 GAME AVERAGE	WHICH [X]	TEAM OR DOUBLES NAME 15 CHARACTER LIMIT
6				<input type="checkbox"/>	
7				<input type="checkbox"/>	
8				<input type="checkbox"/>	
9				<input type="checkbox"/>	
10				<input type="checkbox"/>	
11				<input type="checkbox"/>	
12				<input type="checkbox"/>	
13				<input type="checkbox"/>	
14				<input type="checkbox"/>	
15				<input type="checkbox"/>	
16				<input type="checkbox"/>	
17				<input type="checkbox"/>	
18				<input type="checkbox"/>	
19				<input type="checkbox"/>	
20				<input type="checkbox"/>	
21				<input type="checkbox"/>	
22				<input type="checkbox"/>	
23				<input type="checkbox"/>	
24				<input type="checkbox"/>	
25				<input type="checkbox"/>	

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