Special Olympics Missouri

Bowling Entry Form – SINGLES

Agency Name: _____ **Agency Code:**____._____

Head Coach Name: _____ **Cell #**_____ **Email:** _____

Assistant Coach Name: _____ **Cell #**_____ **Email:** _____

			Place a Check Mark (✓) in the box to specify the needs of each athlete and the event each athlete will compete in.				
Bowler's Name	**Birth Date**	***Average***	**2 or 3 Game Singles**	**2 –Game Bumper (NOT offered at State**	**Ball Ramp Needed**	**wheelchair ramp needed to access lane**	**Bowler requires assistance on lane**

August 2022

We would like to advance bowlers to State Indoor Games _____**yes** _____**no** _____ **of** _____ **pages**

Special Olympics Missouri

Bowling Entry Form – Doubles and Teams

Agency Name: _____Agency Code:_____._____

Head Coach Name: _____Cell #_____ Email: _____

Assistant Coach Name: _____Cell #_____ Email: _____

We would like to advance bowlers to State Indoor Games _____yes _____no

Bowler's Name	Birth Date	Average	# of Games	Place a Check Mark (✓) in the box to specify the event each athlete will compete in.							
List Members consecutively per doubles/team. Designate UP by Unified Partner names.			2 or 3	Ramp(s)	Assisted Bowler	Doubles	Unified Doubles	Team	Unified Team	*Name of teammate for doubles*	*Name of team or list teammates*

August 2022

We would like to advance bowlers to State Indoor Games _____yes _____no