



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



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.						Name of teammate for doubles	Name of team or list teammates
				Ramp(s)	Assisted Bowler	Doubles	Unified Doubles	Team	Unified Team		
<i>List Members consecutively per doubles/team. Designate UP by Unified Partner names.</i>			2 or 3								

We would like to advance bowlers to State Indoor Games ____yes ____no _____ of _____ pages