**Special Olympics Iowa Area Bowling Roster**

Delegation Name (local program)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area (North, East, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bowling Head Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and / or Other Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total # of Singles Bowlers \_\_\_\_\_ Total # of Doubles Bowlers \_\_\_\_\_ Total # of Team Bowlers \_\_\_\_\_ Total # of Coaches/Chaperones/1:1 Staff \_\_\_\_\_

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| **Athlete or Unified Partner’s Name** | **Gender** | **D.O.B** | **√ If****Unified Partner** | **√ If Bowler Uses** **Wheelchair** | **√ If Does Not Use Ramp** | **√ If Ramp****Assisted** | **√ If Ramp****Unassisted** | **Single** | **Doubles, Team and/or Unified - Name** | **Average** |
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**Notes:**

1. Ramp Assisted - Bowler needs assistance with positioning the ramp as well as with placing the ball on the ramp
2. Ramp Unassisted - Bowler needs assistance putting the ball on the ramp, but positions the ramp themselves
3. Average - Please list the average for this bowler based on a minimum of 10 games
4. Please return this form to your **AREA DIRECTOR** by the appropriate registration deadline
5. D.O.B. – Date of Birth (MM/DD/YY)