

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 _____

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	√ If Singles	Doubles, Team and/or Unified - Name	Average

- 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)