**Special Olympics Iowa Area Bowling Double and Team 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 Doubles Bowlers \_\_\_\_\_ Total # of Team Bowlers \_\_\_\_\_ Total # of Coaches/Chaperones/1:1 Staff \_\_\_\_\_

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| **Team Name** | **Athlete/Unified Partner Name** | **√ if Four Person Team** | **√ if Doubles**  | **Ramp Status****(RA, RUA, No Ramp)** | **√ if****Unified Partner** | **Bowlers****Individual Average** |
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| **Team Name** | **Athlete/Unified Partner Name** | **√ if Four Person Team** | **√ if Doubles**  | **Ramp Status****(RA, RUA, No Ramp)** | **√ if****Unified Partner** | **Bowlers****Individual Average** |
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| **Team Name** | **Athlete/Unified Partner Name** | **√ if Four Person Team** | **√ if Doubles**  | **Ramp Status****(RA, RUA, No Ramp)** | **√ if****Unified Partner** | **Bowlers****Individual Average** |
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**Notes:**

1. Please enter the team’s name (ex: Sioux City #1) in the space below the team name label
2. Please indicate whether the team listed is a four person team or doubles team
3. Ramp Status: RA = Ramp Assisted, RUA = Ramp Unassisted, No Ramp = No Ramp Needed
4. Double and Team scores are determined by adding together the individual bowler’s averages
5. Please return this form to your **AREA DIRECTOR** by the appropriate registration deadline
6. **NO ALTERNATES** (maximize the roster)