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	Single	Doubles, Team and/or Unified - Name	Average Score	# of Games Bowled

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 / # of Game – Please provide the number of games the bowler played to receive the average score.
4. Please refer to your area page on the soiowa.org website for directions on where to email the completed form
5. D.O.B. – Date of Birth (MM/DD/YY)

Revised 10/1/2019