

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 _____

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 refer to your area page on the soiowa.org website for directions on where to email the completed form
6. **NO ALTERNATES** (maximize the roster)