Special Olympics Iowa Area Bowling Roster

Delegation Name (local program)	Area (North, East, etc.)					
Mailing Address	Town	Zip				
E-mail Address	Phone Numbe	r				
Option #1 or Option #2(see notes below)						
Total # of Singles Bowlers Total # of Doubles Bowlers _	Total # of Team Bowlers	;				
**Athletes/Unified Partners can participate in one event only assigned to lanes in the order they are listed on the roster below.		you want them to bowl together. Athletes will b	е			

Athlete or Unified Partner's Name	Singles	Doubles	Team	Traditional	Unified	Ramp (Yes/No)	Team Name (if Doubles or Team)

Notes:

Option #1 – Athletes/Unified Partners will participate with other delegations on same day and location.

Option #2 – Athletes/Unified Partners will schedule their own bowling time at a local bowling center.