

Special Olympics Iowa 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
Team Name	Athlete/Unified Partner Name	√ if Four Person Team	√ if Doubles	Ramp Status (RA, RUA, No Ramp)	√ if Unified Partner	Bowlers Individual Average
Team Name	Athlete/Unified Partner Name	√ if Four Person Team	√ if Doubles	Ramp Status (RA, RUA, No Ramp)	√ if Unified Partner	Bowlers Individual Average

Notes:

1. Please enter the team's name (ex: DSM #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 registrations@soiowa.org by the appropriate registration deadline
6. **NO ALTERNATES** (maximize the roster)