Special Olympics Iowa 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	Date of Birth (MM/DD/YY)	√ 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

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 - Please list the average for this bowler based on a minimum of 10 games
4. Please return this form to registrations@soiowa.org by the appropriate registration deadline

Revised 7/11/2023