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	Gender	Date of Birth (MM/DD/YY)	√ if Unified Partner	√ if Four Person Team	√ if Doubles	Ramp Status (RA, RUA, No Ramp)	Bowlers Individual Average
Team Name	**Athlete/Unified Partner Name**	**Gender**	**Date of Birth (MM/DD/YY)**	**√ if Unified Partner**	**√ if Four Person Team**	**√ if Doubles**	**Ramp Status (RA, RUA, No Ramp)**	**Bowlers Individual Average**
Team Name	**Athlete/Unified Partner Name**	**Gender**	**Date of Birth (MM/DD/YY)**	**√ if Unified Partner**	**√ if Four Person Team**	**√ if Doubles**	**Ramp Status (RA, RUA, No Ramp)**	**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)