

BOWLING ENTRY FORM

SCHOOL/AGENCY _____ COACH _____

Phone _____ Fax _____ E-mail _____

NAME	AGE	SEX	AVG.*	RAMP	WHEEL CHAIR	T-SHIRT SIZE

****AVERAGE OF 15 GAMES ROLLED.
AVERAGES MUST BE WITHOUT BUMPERS – THERE IS NO BUMPER BOWLING**

Please list all additional Coaches/Staff:
