

10 PIN BOWLING - REGISTRATION FORM

Name of Meet Region 3 Qualifier
 Date 24-Feb-24
 Location Sancastle Lanes 1938 152 St

Registering Local _____

Head Coach

Name _____
 Email _____
 Phone _____

NOTE: SUBMITTED AVERAGES MUST BE SUPPORTED BY VERIFIED PRINTOUTS

Team #1

Coach _____

Team Name _____

Athletes

	Athlete First Name	Athlete Last Name	M/F	Average (min. 6 games)	accomdations needed?
1	ie. Jane	Smith	F	190	uses ramp
2					
3					
4					
5					

Team #2

Coach _____

Team Name _____

Athletes

	Athlete First Name	Athlete Last Name	M/F	Average (min. 6 games)	accomdations needed?
1					
2					
3					
4					
5					

Team #3

Coach _____

Team Name _____

Athletes

	Athlete First Name	Athlete Last Name	M/F	Average (min. 6 games)	accomdations needed?
1					
2					
3					
4					
5					