

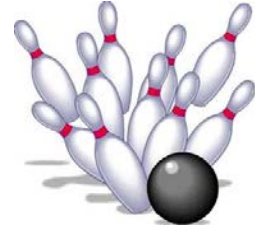


Duckpin Bowling Registration Form

Team Name: _____

Head Coach: _____

Phone: _____



Please check sport: Traditional _____ Unified _____

Indicate Session Preference: AM _____ PM _____ (SORI will assign day based on availability)

Must provide own ramps at competition

Team Name	Athlete Name	Age	P/A	Ramp (check)	Pre-Score Average
	1.				
	2.				
	3.				
	4.				
	1.				
	2.				
	3.				
	4.				
	1.				
	2.				
	3.				
	4.				
	1.				
	2.				
	3.				
	4.				

Please submit to Casie Rhodes Casie@specialolympicsri.org or fax (401)-349-4936