***Ten-Pin Bowling Registration Form***

**Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Head Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please check session:* Northern Area Qualifier** \_\_\_\_\_\_\_\_\_\_

**Southern Area Qualifier \_\_\_\_\_\_\_\_\_\_**

***Must provide own ramps at competition***

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| --- | --- | --- | --- | --- |
| **Indicate (X) if athlete is new to this tournament** | **Athlete Name** | **Age** | **Ramp (R) or Wheelchair (WC)** | **Pre-Score Average** |
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**Please submit to Joe Patrick** [**Tiger@tigerpatrick.com**](mailto:Tiger@tigerpatrick.com)