***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**