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

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

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

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

***Please check session preference:***  **Morning \_\_\_\_\_\_** **Afternoon \_\_\_\_\_\_**

(SORI will assign session 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**](mailto:Casie@specialolympicsri.org) **or fax (401)-349-4936**