

Ten-Pin Bowling Qualifier Registration Form

| Team Name: | | |
|---------------|------|--|
| Head Coach: _ | | |
| Email: | | |
| Phone: | | |



Please check session: Northern Area Qualifier _____

Southern Area Qualifier _____

Must provide own ramps at competition

| Indicate (X) if athlete is new to this tournament | Athlete Name | Age | Ramp (R) or Wheelchair (WC) | Pre-Score Average |
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