

# BOWLING

Agency / School: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name (Last, First)	Male / Female	Date of Birth	Scores	Wheelchair Ramp Y/N	Ramp Yes/No

**Please note: All information must be completed for each athlete participating. Scores should be the average of the athlete's two best games. If an athlete uses a ramp to bowl, mark y for yes or mark n for no or just draw a line through the blank for the athletes that do not use ramps. NO BUMPERS!!!!**