

Unified Bowling

Agency / School: _____

Contact: _____

Phone: _____ Fax: _____

Name (Last, First)	M / F	Date of Birth	Scores	Wheelchair Ramp Y/N	Ramp Y/N	Combined Avg.
A)						
P)						
A)						
P)						
A)						
P)						
A)						
P)						
A)						
P)						

Please note: All information must be completed for each athlete participating. Scores should be the average of the athlete's two best games combined with the average of the Unified Partner's two best games. If an athlete uses a ramp to bowl, mark y for yes, mark n for no or just draw a line through the blank for the athletes that do not use ramps. NO BUMPERS!!!! In keeping with fairness in competition, no substitutions will be permitted after registration is submitted (For divisioning purposes)