

DELEGATION SUMMARY FORM 2024 AREA UNIFIED BOWLING TOURNAMENT

Check the Area Tournament in which you will be participating

| | | |
|---|---|---|
| <input type="checkbox"/> Southeast Area Send all Area forms to: SOSD 800 E. I-90 Lane Sioux Falls, SD 57104 | <input type="checkbox"/> Northeast Area Send all Area forms to: SOSD 800 E. I-90 Lane Sioux Falls, SD 57104 | <input type="checkbox"/> Black Hills Area Send all Area forms to: Cathy Grubb 821 Stanley St. Belle Fourche, SD 57717 |
|---|---|---|

Name of Delegation: _____

Head of Delegation: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

E-Mail: _____

Total Number of Athletes: _____

Total Number of Unified Partners: _____

Total Number of Athletes and Unified Partners: _____