2024 AREA REGISTRATION UNIFIED DOUBLES

	(If)	you Bowl in the Area Unified Tour	nament you wou	ild bowl in t	he State Unified I	ournament)
Ch	eck	the Area Tournament in which y	ou will be partici	pating: N	E SE BH	
Na	me	of Delegation:				
He	ad o	of Delegation (Level 2 Certified)):			
Te	am l	ID: Assign a 2-digit number for hlete UP = Unified Partner				
		TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1.	Α				TOTAL:
		UP				
		TEAM ID:	M/F:	AGE:		
闄	1.	Α				TOTAL:
NAME		UP				
		TEAM ID:	M/F:	AGE:		
NAME	1.	Α				TOTAL:
¥	2.	UP				
		TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1.	Α				TOTAL:
A A	2.	UP				
		TEAM ID:	M/F:	AGE:	15 GM AVG:	
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		TEAM ID:	M/F:	AGE:	15 GM AVG:	
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NAME		UP				

		TEAM ID:	M/F:	AGE:	15 GM AVG:	
NAME	1.	Α				TOTAL:
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		UP				
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NAME		Α				TOTAL:
	2.	A	M/F:	AGE:		TOTAL:
NAME	1.	A	M/F:	AGE:		
	1.	A	M/F:	AGE:	15 GM AVG:	
NAME	 1. 2. 	A	M/F:	AGE:	15 GM AVG:	TOTAL:
NAME	 1. 2. 	A	M/F:	AGE:	15 GM AVG:	
	 1. 2. 	A	M/F:	AGE:	15 GM AVG:	TOTAL:
NAME	 1. 2. 	A	M/F:	AGE:	15 GM AVG:	TOTAL:
NAME	1. 2. 1. 2.	A	M/F: M/F: M/F:	AGE:	15 GM AVG:	TOTAL: