

**2024 STATE UNIFIED BOWLING TOURNAMENT
DELEGATION SUMMARY FORM**

Name of Delegation: _____

Head of Delegation: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Cell # During The Games: _____

Total Number of Athletes Participating in Doubles: _____

Total Number of Unified Partners Participating in Doubles: _____

Total Number of Athletes Participating in Team: _____

Total Number of Unified Partners Participating in Team: _____

Total Number of Athletes and Unified Partners: _____

Total Number of Registered Coaches/Chaperones: _____

Delegation Total: _____

Send Registration to the State Office