

2024 DELEGATION SUMMARY FORM AREA SINGLES 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
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Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Address: _____

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

E-Mail: _____

Cell Phone During Games: _____

DELEGATION TOTALS:

Coaches/Chaperones: _____

Athletes: _____

Unified Partners: _____

Delegation Total: _____