

## 2023 STATE TRADITIONAL 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 Singles: \_\_\_\_\_

Total Number of Athletes Participating in Doubles: \_\_\_\_\_

Total Number of Athletes Participating in Team: \_\_\_\_\_

Total Number of Athletes: \_\_\_\_\_

Total Number of Registered Coaches/Chaperones  
Listed on Volunteer Roster FORM D: \_\_\_\_\_

Delegation Total: \_\_\_\_\_

Total number attending Saturday evenings banquet:  
(No charge for registered coaches/chaperones/athletes) \_\_\_\_\_

Total Number of Athletes \_\_\_\_\_

Total Number of Coaches / Chaperones \_\_\_\_\_

**Send Registration to the State Office**