2024 STATE TRADITIONAL BOWLING TOURNAMENT
ATHLETE EVENT REGISTRATION

(This form will also be used to process Singles Registration)

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

ALL INFORMATION MUST BE INCLUDED FOR EVERY ATHLETE!

Choose the events to be entered by placing an "X" in the box

WC = Athlete uses a wheelchair
S = Singles D = Doubles T = Team R-A = Ramp Assisted R-U = Ramp Unassisted

	ATHLETES NAME	WC	M/F	AGE	EVENTS ENTERED					15 GM AVG
					S	D	T	R-A	R-U	
1.		☐			☐	☐	☐	☐	☐	
2.		☐			☐	☐	☐	☐	☐	
3.		☐			☐	☐	☐	☐	☐	
4.		☐			☐	☐	☐	☐	☐	
5.		☐			☐	☐	☐	☐	☐	
					S	D	T	R-A	R-U	
6.		☐			☐	☐	☐	☐	☐	
7.		☐			☐	☐	☐	☐	☐	
8.		☐			☐	☐	☐	☐	☐	
9.		☐			☐	☐	☐	☐	☐	
10.		☐			☐	☐	☐	☐	☐	
					S	D	T	R-A	R-U	
11.		☐			☐	☐	☐	☐	☐	
12.		☐			☐	☐	☐	☐	☐	
13.		☐			☐	☐	☐	☐	☐	
14.		☐			☐	☐	☐	☐	☐	
15.		☐			☐	☐	☐	☐	☐	
					S	D	T	R-A	R-U	
16.		☐			☐	☐	☐	☐	☐	
17.		☐			☐	☐	☐	☐	☐	
18.		☐			☐	☐	☐	☐	☐	

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	ATHLETES NAME	WC	M/F	AGE	EVENTS ENTERED					15 GM AVG
					S	D	T	R-A	R-U	
19.		☐			☐	☐	☐	☐	☐	
20.		☐			☐	☐	☐	☐	☐	
21.		☐			☐	☐	☐	☐	☐	
22.		☐			☐	☐	☐	☐	☐	
23.		☐			☐	☐	☐	☐	☐	
					S	D	T	R-A	R-U	
24.		☐			☐	☐	☐	☐	☐	
25.		☐			☐	☐	☐	☐	☐	
26.		☐			☐	☐	☐	☐	☐	
27.		☐			☐	☐	☐	☐	☐	
28.		☐			☐	☐	☐	☐	☐	
					S	D	T	R-A	R-U	
29.		☐			☐	☐	☐	☐	☐	
30.		☐			☐	☐	☐	☐	☐	
31.		☐			☐	☐	☐	☐	☐	
32.		☐			☐	☐	☐	☐	☐	
33.		☐			☐	☐	☐	☐	☐	
					S	D	T	R-A	R-U	
34.		☐			☐	☐	☐	☐	☐	
35.		☐			☐	☐	☐	☐	☐	
36.		☐			☐	☐	☐	☐	☐	
37.		☐			☐	☐	☐	☐	☐	
38.		☐			☐	☐	☐	☐	☐	
					S	D	T	R-A	R-U	
39.		☐			☐	☐	☐	☐	☐	
40.		☐			☐	☐	☐	☐	☐	
41.		☐			☐	☐	☐	☐	☐	
42.		☐			☐	☐	☐	☐	☐	
43.		☐			☐	☐	☐	☐	☐	