

2024 STATE TRADITIONAL BOWLING TOURNAMENT REGISTRATION FOR TEAM COMPETITION

Name of Delegation: _____

Head of Delegation (Level 2 Certified): _____

Note (Team ID): Assign a 2-digit number for each team beginning with 01 or if you have doubles teams, begin where you left off.

	TEAM ID: <input style="width: 50px;" type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL: <input style="width: 80px;" type="text"/>
1.	_____	_____	_____	_____	
2.	_____	_____	_____	_____	
3.	_____	_____	_____	_____	
4.	_____	_____	_____	_____	

	TEAM ID: <input style="width: 50px;" type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL: <input style="width: 80px;" type="text"/>
1.	_____	_____	_____	_____	
2.	_____	_____	_____	_____	
3.	_____	_____	_____	_____	
4.	_____	_____	_____	_____	

	TEAM ID: <input style="width: 50px;" type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL: <input style="width: 80px;" type="text"/>
1.	_____	_____	_____	_____	
2.	_____	_____	_____	_____	
3.	_____	_____	_____	_____	
4.	_____	_____	_____	_____	

	TEAM ID: <input style="width: 50px;" type="text"/>	M/F:	AGE:	15 GM AVG:	TOTAL: <input style="width: 80px;" type="text"/>
1.	_____	_____	_____	_____	
2.	_____	_____	_____	_____	
3.	_____	_____	_____	_____	
4.	_____	_____	_____	_____	

ATHLETE NAME	TEAM ID:	M/F:	AGE:	15 GM AVG:	TOTAL:	
	1.	<input type="text"/>	_____	_____	_____	<input type="text"/>
	2.	_____	_____	_____	_____	
	3.	_____	_____	_____	_____	
	4.	_____	_____	_____	_____	

ATHLETE NAME	TEAM ID:	M/F:	AGE:	15 GM AVG:	TOTAL:	
	1.	<input type="text"/>	_____	_____	_____	<input type="text"/>
	2.	_____	_____	_____	_____	
	3.	_____	_____	_____	_____	
	4.	_____	_____	_____	_____	

ATHLETE NAME	TEAM ID:	M/F:	AGE:	15 GM AVG:	TOTAL:	
	1.	<input type="text"/>	_____	_____	_____	<input type="text"/>
	2.	_____	_____	_____	_____	
	3.	_____	_____	_____	_____	
	4.	_____	_____	_____	_____	

ATHLETE NAME	TEAM ID:	M/F:	AGE:	15 GM AVG:	TOTAL:	
	1.	<input type="text"/>	_____	_____	_____	<input type="text"/>
	2.	_____	_____	_____	_____	
	3.	_____	_____	_____	_____	
	4.	_____	_____	_____	_____	

ATHLETE NAME	TEAM ID:	M/F:	AGE:	15 GM AVG:	TOTAL:	
	1.	<input type="text"/>	_____	_____	_____	<input type="text"/>
	2.	_____	_____	_____	_____	
	3.	_____	_____	_____	_____	
	4.	_____	_____	_____	_____	