

## 2024 STATE TRADITIONAL BOWLING TOURNAMENT REGISTRATION FOR RAMP DOUBLES

Name of Delegation: \_\_\_\_\_

Head of Delegation (Level 2 Certified): \_\_\_\_\_

**Note (Team ID):** Assign a 2-digit number for each team. Begin with where you left off from doubles and/or team.

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
<b>NAME</b>	1. _____	_____	_____	_____	<b>TOTAL:</b> <input style="width: 100%;" type="text"/>
	2. _____	_____	_____	_____	

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
<b>NAME</b>	1. _____	_____	_____	_____	<b>TOTAL:</b> <input style="width: 100%;" type="text"/>
	2. _____	_____	_____	_____	

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
<b>NAME</b>	1. _____	_____	_____	_____	<b>TOTAL:</b> <input style="width: 100%;" type="text"/>
	2. _____	_____	_____	_____	

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
<b>NAME</b>	1. _____	_____	_____	_____	<b>TOTAL:</b> <input style="width: 100%;" type="text"/>
	2. _____	_____	_____	_____	

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
<b>NAME</b>	1. _____	_____	_____	_____	<b>TOTAL:</b> <input style="width: 100%;" type="text"/>
	2. _____	_____	_____	_____	

	TEAM ID: <input style="width: 80%;" type="text"/>	M/F:	AGE:	15 GM AVG:	
<b>NAME</b>	1. _____	_____	_____	_____	<b>TOTAL:</b> <input style="width: 100%;" type="text"/>
	2. _____	_____	_____	_____	