

2024 STATE TRADITIONAL BOWLING TOURNAMENT REGISTRATION FOR RAMP TEAM

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 had doubles teams, begin with where you left off.

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

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

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

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