

2026 STATE TRADITIONAL BOWLING TOURNAMENT DOUBLES REGISTRATION

Name of Delegation: _____

Note (Team ID): Assign a 2-digit number for each team beginning with 01.

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

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

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

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

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

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

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

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

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

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

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

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

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

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