

2026 STATE UNIFIED BOWLING TOURNAMENT UNIFIED DOUBLES REGISTRATION

Name of Delegation: _____

Team ID: Assign a 2-digit number for each Team beginning with 01.

A = Athlete UP = Unified Partner R = Athlete uses a ramp WC = Athlete uses a wheelchair

	<input style="width: 50px;" type="text"/>	TEAM ID	<input type="checkbox"/>	R	<input type="checkbox"/>	WC	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	_____	_____	_____	_____	_____	TOTAL:
	2. UP	_____	_____	_____	_____	_____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>

	<input style="width: 50px;" type="text"/>	TEAM ID	<input type="checkbox"/>	R	<input type="checkbox"/>	WC	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	_____	_____	_____	_____	_____	TOTAL:
	2. UP	_____	_____	_____	_____	_____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>

	<input style="width: 50px;" type="text"/>	TEAM ID	<input type="checkbox"/>	R	<input type="checkbox"/>	WC	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	_____	_____	_____	_____	_____	TOTAL:
	2. UP	_____	_____	_____	_____	_____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>

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NAME	1. A	_____	_____	_____	_____	_____	_____	_____	_____	TOTAL:
	2. UP	_____	_____	_____	_____	_____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>

	<input style="width: 50px;" type="text"/>	TEAM ID	<input type="checkbox"/>	R	<input type="checkbox"/>	WC	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	_____	_____	_____	_____	_____	TOTAL:
	2. UP	_____	_____	_____	_____	_____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>

	<input style="width: 50px;" type="text"/>	TEAM ID	<input type="checkbox"/>	R	<input type="checkbox"/>	WC	M/F:	AGE:	15 GM AVG:	
NAME	1. A	_____	_____	_____	_____	_____	_____	_____	_____	TOTAL:
	2. UP	_____	_____	_____	_____	_____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>

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	2. UP	_____	_____	_____	_____	_____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>

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NAME	1. A	_____	_____	_____	_____	_____	_____	_____	_____	TOTAL:
	2. UP	_____	_____	_____	_____	_____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>

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NAME	1. A	_____	_____	_____	_____	_____	_____	_____	_____	TOTAL:
	2. UP	_____	_____	_____	_____	_____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>

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NAME	1. A	_____	_____	_____	_____	_____	_____	_____	_____	TOTAL:
	2. UP	_____	_____	_____	_____	_____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>

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NAME	1. A	_____	_____	_____	_____	_____	_____	_____	_____	TOTAL:
	2. UP	_____	_____	_____	_____	_____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>

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NAME	1. A	_____	_____	_____	_____	_____	_____	_____	_____	TOTAL:
	2. UP	_____	_____	_____	_____	_____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>

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NAME	1. A	_____	_____	_____	_____	_____	_____	_____	_____	TOTAL:
	2. UP	_____	_____	_____	_____	_____	_____	_____	_____	<input style="width: 50px; height: 20px;" type="text"/>