

# SPECIAL OLYMPICS COLORADO STATE BOWLING ENTRY FORM

**DOUBLES ONLY**

Region:

DAY OF CONTACT #

TEAM

Coach(es) names:

Coach(es) e-mail:

ATHLETE NAME	GENDER	Date of Birth	Athlete uses wheelchair	RAMP BOWLER 'X' IF YES	*9-GAME AVERAGE
1.					
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\*Please list each athlete's Doubles competition score separately. DO NOT combine scores. Attending the state competition? YES NO

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