

SPECIAL OLYMPICS COLORADO
STATE BOWLING ENTRY FORM

TEAM ONLY

REGION

DAY OF CONTACT #

TEAM

Coach(es) names:

Coach(es) e-mail:

ATHLETE/PARTNER NAME	ATHLETE/ PARTNER	GENDER	Date of Birth	Athlete uses wheelchair	RAMP BOWLER 'X' IF YES	*9-GAME AVERAGE
1.						
2.						
3.						
4.						
ALT.						
ALT.						
1.						
2.						
3.						
4.						
ALT.						
ALT.						

*Please list each athlete's Team competition score separately. DO NOT combine scores.

Attending the state competition? YES NO

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