



BOWLING INDIVIDUAL ENTRY FORM

Due IN HOUSE to the Area Contact Person by **Monday, October 12, 2009.**
Copy form as needed.



Program Information

Page ___ of ___

County Program: _____ Area: _____

County Coordinator: _____

Address: _____ City: _____ Zip Code: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Entry List

NOT advancing to State Finals	Name of Athlete First, Last	Sex M/F	Date of Birth Mo / Day / Yr	Singles	Ramp	Bowling Average
<input type="checkbox"/>	1.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	2.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	3.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	4.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	5.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	6.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	7.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	8.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	9.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	10.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	11.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	12.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	13.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	14.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	15.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	

Number of athletes entered (on this page) _____ x \$ _____ (fee) = \$ _____

AREA DIRECTORS - Submit copies of this form in order to transfer entry fees into the Area account.

For County Coordinator Use Only

By signing the line below, the County Coordinator verifies that entry numbers are correct and the amount listed is to be transferred.

X _____
County Coordinator Signature



BOWLING UNIFIED SPORTS® TEAM ENTRY FORM

Due IN HOUSE to the Area Contact Person by **Monday, October 12, 2009.**
Copy form as needed.



Program Information

Page ___ of ___

County Program: _____ Area: _____
 County Coordinator: _____
 Address: _____ City: _____ Zip Code: _____
 Daytime Phone: _____ Cell Phone: _____
 Email: _____

Entry List

Team Nickname: _____						
NOT advancing to State Finals	Name of Team Members First, Last	Sex M/F	Date of Birth Mo / Day / Yr	Athlete	Partner	Bowling Average
<input type="checkbox"/>	1.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
	2.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
	3.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
	4.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	

Team Nickname: _____						
NOT advancing to State Finals	Name of Team Members First, Last	Sex M/F	Date of Birth Mo / Day / Yr	Athlete	Partner	Bowling Average
<input type="checkbox"/>	1.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
	2.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
	3.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	
	4.		/ /	<input type="checkbox"/>	<input type="checkbox"/>	

Number of bowlers entered (on this page) _____ x \$ _____ (fee) = \$ _____

AREA DIRECTORS - Submit copies of this form in order to transfer entry fees into the Area account.

For County Coordinator Use Only
By signing the line below, the County Coordinator verifies that entry numbers are correct and the amount listed is to be transferred.
X _____ County Coordinator Signature



STATE BOWLING TOURNAMENT ENTRY FORM

Due IN HOUSE to the State Office by **Monday, November 30, 2009**. Copy form as needed.
 Special Olympics Indiana; 6100 W. 96th Street, Suite 270; Indianapolis, IN 46278, fax (317) 328-2018,
 or email entries@soindiana.org



County Program: _____

Coach/Chaperone List

Please list all Class A volunteers (coach/chaperone) from your County Program for the State Bowling Tournament.

Last Name	First Name	Gender Male/Female	Completed VOLUNTEER APPLICATION	CVO Trained	Completed ONLINE PROTECTIVE BEHAVIORS
1.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Entry Fee

Number of bowlers advancing for Singles Competition _____ @ \$12 each = \$ _____

Number of bowlers advancing for Unified Sports® Team Competition _____ @ \$12 each = \$ _____

TOTAL \$ _____

For County Coordinator Use Only
<p>By signing the line below, the County Coordinator verifies that entry numbers are correct and the amount listed is to be transferred.</p> <p>X _____ County Coordinator Signature</p>