



# BOWLING INDIVIDUAL ENTRY FORM

Due **IN HOUSE** to the Area Contact Person by **Monday, October 11, 2010.**  
Copy form as needed.



FORM

**Program Information:**

Page \_\_\_ of \_\_\_

County Program: \_\_\_\_\_ Area: \_\_\_\_\_

County Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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"/>	

**Entry List:** Number of athletes entered (on this page) \_\_\_\_\_ x \$ \_\_\_\_\_ (fee) = \$ \_\_\_\_\_

**AREA DIRECTORS** - Submit the *Event Transfer Fee 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.
<b>X</b> _____ County Coordinator Signature



# BOWLING UNIFIED SPORTS® TEAM ENTRY FORM

Due **IN HOUSE** to the Area Contact Person by **Monday, October 11, 2010.**  
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 the *Event Transfer Fee 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 29, 2010**. 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](mailto:entries@soindiana.org)



FORM

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 \_\_\_\_\_ @ \$15 each = \$ \_\_\_\_\_

Number of bowlers advancing for Unified Sports® Team Competition \_\_\_\_\_ @ \$15 each = \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

### 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