Bowling Registration

- Please make sure the form is filled out completely (DOB, Gender, Average are required fields)
- All athletes must have a valid medical and consent form on filed with the regional office
- Coaches, assistant coaches, chaperones, and support staff must be certified by Special Olympics New York

Region:_____

Training Club:_____

ATHLETES NAMES:		DATE OF BIRTH	GENDER:		RAMP:	BUMPERS:	WHEELCHAIR:
LAST	*FIRST*	*MM/DD/YYYY*	*M OR F*	AVERAGE:	*Y OR N*	*Y OR N*	*Y OR N*

COACH & SUPPORT STAFF INFORMATION:		DATE OF BIRTH:	GENDER:		PHONE:
LAST NAME	*FIRST NAME*	*MM/DD/YYYY*	*M OR F*	EMAIL:	*XXX-XXX-XXXX*
THIS FORM MUST BE FILLED OUT COMPLETELY. INCOMPLETE FORMS WILL NOT BE ACCEPTED.					