Bowling Registration

- Please make sure the form is filled out completely (DOB, Gender, Average are required fields)
- Please indicate the session you wish to attend in the last column on the right (Fri or Sat). Bumper Bowling will only be offered during the Friday session
- 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:	SESSION:
LAST	*FIRST*	*MM/DD/YYYY*	*M OR F*	AVERAGE:	*Y OR N*	*Y OR N*	*Y OR N*	*FRIDAY OR SATURDAY*

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.					