

# NYC REGION BOWLING TOURNAMENT

## ATHLETE FORM

### INSTRUCTIONS

1. All athletes must either enter Single, Ramp, or Team. (One Event Only)
2. Identify which event he/she is competing in by placing a check mark in the appropriate column.
3. Enter bowling average for each registered athlete.
4. Athletes should bring their own equipment whenever possible.

<b>TEAM NAME</b>		<b>REGION</b>	
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ACTIVE ATHLETES			DOB	SEX		EVENT SELECT ONE		BOWLING AVERAGE
#	Last Name	First Name	(Month/Day/Year)	M	F	SINGLE	RAMP	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

ALTERNATE ATHLETES			DOB	SEX		EVENT SELECT ONE		BOWLING AVERAGE
#	Last Name	First Name	(Month/Day/Year)	M	F	SINGLE	RAMP	
1								
2								
3								
4								
5								

*If an athlete identifies as non-binary, please leave gender box unchecked.*

# NYC REGIONAL BOWLING TOURNAMENT

## COACH FORM



**Special  
Olympics**  
New York



### INSTRUCTIONS

1. All coaches within your quota must be certified.
2. All volunteers for team must be registered. This includes coaches, agency staff, one-on-ones, etc.
3. Alternate coaches are to replace coaches unable to attend games.

TEAM NAME		REGION	
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ACTIVE COACHES			Date of Birth (Month/Date/Year)	SEX		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							

Agency Staff, One-on-One, Etc.			Date of Birth (Month/Date/Year)	SEX		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							

ALTERNATE COACHES			Date of Birth (Month/Date/Year)	SEX		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							

*If a coach or volunteer identifies as non-binary, please leave gender box unchecked.*