

CDR Bowling Team

ATHLETE FORM



TEAM NAME	REGION		
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INSTRUCTIONS:

- 1. All athletes may enter one event: Singles OR Singles with Ramp
- List regular athletes first, followed by alternates.
 Athletes should bring own equipment when possible

	ACTIVE ATHLETES (4 per team)		DATE OF BIRTH	SEX		Needs	TEAM		
	Last Name	First Name	(Month/Day/Year)	M F		Ramp?	AVERAGE		
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ALTERNATE A	ATHLETES	DATE OF BIRTH SEX		0=21		I vecus		AVEDACE
Last Name	First Name	(Month/Day/Year)	M	F	Ramp?	AVERAGE		
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CDR Bowling Team

COACH FORM



INSTRUCTIONS 1. All coaches within your quota must be certified. 2. Alternate coaches are activated in the event active coaches are unable to attend games. 3. All volunteers for team must be registered. This includes coaches, agency staff, one-on-ones, chaperones, etc.									
TEAM NAME			REGION					Head Coach	
ACTIVE COA		DACHES	DATE OF BIRTH	GE	NDER Certification Current?			Email	
#	Last Name	First Name	(Month/Date/Year)	M	F	Yes	No		
1									
2									
3						<u> </u>			
4									
5						A 4161		 	
ALTERNATE COACHES		DATE OF BIRTH	GE	GENDER Certification Current					
#	Last Name	First Name	(Month/Date/Year)	M	F	Yes	No		
1									
2									
3									
AGENCY STAFF, 1:1, CHAPERONES, ETC.		DATE OF BIRTH	GE	GENDER Certific					
#	Last Name	First Name	(Month/Date/Year)	M	F	Yes	No		
1									
2									
3									
4									