

## **CDR Bowling- Unified Team**

ATHLETE FORM

REGION



**TEAM NAME** 

## **INSTRUCTIONS:**

- All athletes may enter one event: Unified Team
  List regular athletes first, followed by alternates.
  Athletes should bring own equipment when possible

ACTIVE ATHLETES (designate Partner/Athlete with 'P' or 'A'			DATE OF BIRTH	SEX		Needs	TEAM	
	Last Name	First Name	(Month/Day/Year)	Μ	F Ramp?		AVERAGE	
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ALTERNATE ATHLETES			DATE OF BIRTH	SEX		Needs		
Last Name		First Name	(Month/Day/Year)	М	F	Ramp?	AVERAGE	



## **CDR Bowling- Unified Team**

COACH FORM



2. A	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.						Day of Event Contact #		
TEAM NAME			REGION	NC			Head Coach		
	ACTIVE COACHES		DATE OF BIRTH	GEN	GENDER		cation ent?	Email	
#	Last Name	First Name	(Month/Date/Year)	М	F	Yes No			
1									
2									
4									
5									
	ALTERNATE COACHES		DATE OF BIRTH	GEN	GENDER		cation ent?		
#	Last Name	First Name	(Month/Date/Year)	М	F	Yes	No		
1									
2									
<u></u>						Certifi	cation		
	AGENCY STAFF, 1:1, CHAPERONES, ETC.			GEN	GENDER		rent?		
#	Last Name	First Name	(Month/Date/Year)	М	F	Yes	No		
1									
2									
3 ⊿									
5									