

School: _____
 Teacher: _____

(Attach additional copies if needed)

Area 3 Special Olympics Bowling Registration

_____ High School/Adults
 _____ Elementary/Middle
 _____ Dawn of Hope

_____ TBD 2011
 _____ TBD 2011
 _____ TBD 2011

Head Coach Name: _____
 Fax#: _____

Phone (W) _____ (H) _____
 # of Athletes: _____ # of Unified Players: _____

**Please complete the following information and fax by the appropriate deadline to:
Area 3 Special Olympics - (866) 542-1860

Athlete Name	Unified Partner	DOB	Sex	Date of Medical	Date of Release	Score Game #1	Score Game #2	Bowling Shoe Size

* Please call 929-3441 to reserve a time and lane. Please make sure each athlete wears a nametag & brings a lunch to the competition.

Updated 09-23-2010