2009 UNIFIED DOUBLES BOWLING TOURNAMENT REGISTRATION FORM
Sponsored by Special Olympics Minnesota - Area 3

Coach:		Day Phone:			
Address:		Evening Phone:			
City:		State:		Zip:	
Team/Facility					

We would prefer: Saturday: 2:00 PM _____ Sunday: 9:00 AM _____
Sunday: 11:30 AM _____ Sunday: 2:00 PM _____

NOTE: Be sure to indicate athletes with wheel chairs.

Name of Athlete or Partner (List athlete first)	A or P* Athlete or Partner WC - Wheelchair	Age	Average	Shirt Size

FORMS due by Wednesday February 25, 2009 to Linda Hines
email lhines@witc.edu or call 715.392.896 for a fax number.