

# TEAM ROSTER - COACHES

Please type or print legibly. This form must be filled out completely. List ALL coaches and bowlers who are participating. If necessary, use another form. Use a separate form for each team. You must submit a waiver for each person listed. If new coaches/bowlers are added throughout the season, submit the new info only or highlight it to prevent duplicates.

Forms must be returned to coordinator by their set date. Names and waivers need to be filed with the IHSB commissioner October 26, 2020. Tournament roster needs to be trimmed to 10 players. Must be at State office by December 14, 2020.

Conference

Please Indicate Team

Boys:
Girls:
Coed:

School

Bowling Center Name

Proprietor/Mgr First Name

Proprietor/Mgr Last Name

Phone

Email

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Coach Information

	Coach First Name	Coach Last Name	Phone	Email
1			(     )	
2			(     )	
3			(     )	
4			(     )	
5			(     )	
6			(     )	
7			(     )	
8			(     )	
9			(     )	
10			(     )	

**TEAM ROSTER - BOWLERS**

	Please Enter School Name:		Please Indicate Team Boys: Coed: Girls:		
	Bowler First Name	Bowler Last Name	Gender	Grade	USBC Certification #
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2					
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