

**Special Olympics Hawaii Holiday Classic  
Bowling Alternate Registration Form**

DELEGATION NAME: \_\_\_\_\_ DELEGATION CONTACT NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

**KEY: Veg: Vegetarian**

	Name		Unified	Wheel	Veg	Bowling	Bowling	Bowling
	Last	First	Partner	Chair		Event(s)	Training Average	Team Name
1						Unified Alternate		
2						Unified Alternate		
3						Unified Alternate		
4						Unified Alternate		
5						Unified Alternate		
6						Unified Alternate		
7						Unified Alternate		
8						Unified Alternate		
9						Unified Alternate		
10						Unified Alternate		

**Athletes** must have competed in the Singles Competition at their Area Bowling Competition to be eligible to compete as an alternate.

**Special Partners** did not have to compete at Area Unified to be alternate.

List individual training average, not team average.

**Athletes** that are already competing on a team cannot be listed as an alternate on another team. One athlete or special partner can be an alternate for ALL TEAMS.

Place an X in the box if the answer is Yes for that individual.