

BOWLING State Qualifying Meet Roster

This roster must be presented to your state qualifying site manager prior to the start of your meet.

SCHOOL _____

SCHOOL NICKNAME _____

Print or type listing in Bowling order, 6 only!

First Name

Last Name

Grade

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

SUBSTITUTE (May be ONLY used in the event of injury, illness or disqualification)

HEAD COACH: _____

ASSISTANT COACH(ES): _____

ATHLETIC DIRECTOR: _____

