

# BOWLING State Roster TEAM & INDIVIDUAL

This roster must be emailed (NO FAXES) to Jason Eslinger (jasoneslinger@ighsau.org) to the IGHS AU no later than 10 A.M. the day after qualifying.

School: \_\_\_\_\_

School Nickname: \_\_\_\_\_

**Print or type listing in BOWLING order, 6 only!**

**PRONOUNCIATIONS:** In an effort to pronounce every bowler's name correctly in the state tournament march, please also provide in the space below phonetic spellings for anyone's (players & coach)es name that may be difficult to pronounce.

First Name

Last Name

Grade

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Head Coach Name: \_\_\_\_\_

Assistant Coach Name: \_\_\_\_\_

Athletic Director: \_\_\_\_\_