



**BOWLING AREA RECORD FORM AND ROSTER FOR REGIONALS**

Year: \_\_\_\_\_

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

Boys: \_\_\_\_\_ Girls: \_\_\_\_\_

Please fill out completely the information requested and fax (334-387-0076) or scan and email to [mchou@ahsaa.com](mailto:mchou@ahsaa.com) or [dainsworth@ahsaa.com](mailto:dainsworth@ahsaa.com) prior to January 12, 2018.

Please **print or type** and double-check spelling of all names.

**Team Roster:**

NAME	GRADE
1	
2	
3	
4	
5	
Sub:	
Sub:	
Sub:	
Others:	
1	
2	
3	
4	
5	

**Record for two required area games vs. all area opponents:**

<b>OPPONENTS:</b>	<b>SCORES:</b>				<b>WON</b>	<b>LOSS</b>
	<b>TRADITIONAL</b>	<b>BAKER 1</b>	<b>BAKER 2</b>	<b>BAKER 3</b>		
Example	300-290	120-90	165-155	220-187	Yes	

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prior to January 12, 2018.

Coach's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_