

BOWLING State Roster TEAM & INDIVIDUAL

This roster must be faxed (515-284-1969) or e-mailed (johnoverton@ighsau.org) to the IGHSAU no later than WEDNESDAY, February 17.

School:

School Nickname:

Print or type listing in BOWLING order, 6 only!

Last Name

First Name

Grade

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

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

Head Coach's Name:

Assistant Coach's Name:

Signature of Athletic Director: