

STATE TEAM BOWLING QUOTA REQUEST FORM

Directions: Please fill out this Quota Request Form indicating the total number of doubles and four-person bowling teams you would like to take to the State Team Bowling Tournament. **Return this form to the state office by noon on September 1st.** We will send out your final quota confirmation as well as entry forms and information after September 1st.

COUNTY/ORGANIZATION: _____

COACHES NAME: _____

COACHES TELEPHONE NUMBER: _____

TOTAL NUMBER OF TRADITIONAL DOUBLES TEAMS _____

TOTAL NUMBER OF TRADITIONAL FOUR-PERSON TEAMS _____

TOTAL NUMBER OF UNIFIED FOUR-PERSON TEAMS _____

RETURN BY SEPTEMBER 1, 2016 to:

Special Olympics Ohio
3303 Winchester Pike
Columbus, Ohio 43232
PHONE: 614.239.7050
FAX: 614.239.1873