



## Hutchinson Area Special Olympics

### Bowling Registration 2019-20

Athlete's Name: \_\_\_\_\_

Age \_\_\_\_\_

DOB: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone  
Number: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

\*\*Email Address:  
\_\_\_\_\_

Emergency Contact  
Name: \_\_\_\_\_

Emergency Contact Phone  
Number: \_\_\_\_\_

Additional comments that would be beneficial for the coaches:

Return this form by 9/6/2019

Karen Lurfald  
Director of Special Services  
30 Glen Street Hutchinson, MN 55350  
320-234-2618