



RECAP SHEET FOR COMPETITION

(Please Circle)

DATE: _____ BOWLING CENTER: _____ A/AA V/JV GIRLS/BOYS

School: _____ Conference: _____
 Coach: _____ Phone: _____
 E-mail: _____ Fax: _____

School: _____ Conference: _____
 Coach: _____ Phone: _____
 E-mail: _____ Fax: _____

<i>ROUND 1 - List Players (Full Names)</i>	Game 1	Game 2	Totals
1.			
2.			
3.			
4.			
5.			
SUB			
Totals			

<i>ROUND 1 - List Players (Full Names)</i>	Game 1	Game 2	Totals
1.			
2.			
3.			
4.			
5.			
SUB			
Totals			

WINNER = TOTAL PINS

(Please Circle Winning Team)

<i>ROUND 2: Baker Rotation</i>		Team Score
1.	Game #1	
2.	Game #2	
3.	Game #3	
4.	Game #4	
5.	Game #5	
SUB	Round 2 Total:	
<i>Coach - Please Sign in This Box:</i>	Round 1 Total:	
	Match Total:	

<i>ROUND 2: Baker Rotation</i>		Team Score
1.	Game #1	
2.	Game #2	
3.	Game #3	
4.	Game #4	
5.	Game #5	
SUB	Round 2 Total:	
<i>Coach - Please Sign in This Box:</i>	Round 1 Total:	
	Match Total:	

**CALL OR FAX THIS COMPLETED FORM IMMEDIATELY TO
 IOWA HIGH SCHOOL BOWLING FEDERATION
 FAX: 515-255-8915 PHONE: 515-255-0808**