



IOWA HIGH SCHOOL BOWLING FEDERATION

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Questionnaire to Gather Information from Schools ... This is very Important!

High School and City: _____

Athletic Director: _____

Bowling Coach: _____

Mailing Address: _____

E-Mail Address: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Assistant Coach: _____

Mailing Address: _____

E-Mail Address: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Superintendent of Schools: _____

E-Mail Address: _____

Direct Phone Numbers: (_____) _____ Fax Number: (_____) _____

Are your coaches certified by the Department Of Education? Head Coach: Yes No

Assistant: Yes No

This information is needed by the Iowa High School Bowling Federation,

	Grade- 9th	10th	11th	12th	
Number of Athletes This Season:					
	Girls	___	___	___	___
	Boys	___	___	___	___
	Total	___	___	___	___
					Grand Total _____

Of the Grand Total how many athletes:

_____ Participate in another sport?

_____ Participate in another school activity?

_____ Do not participate in any other sport or activity?

_____ Do not participate in organized league bowling at a bowling center?

Approximately how many athletes do you believe will participate next year? _____ Boys _____ Girls

Is your school planning to sanction the girls for the 2007-2008 Season? _____ Yes _____ No

At what bowling centers have you practiced? _____

Any recommendations for next year? _____

PLEASE FAX THIS COMPLETED SHEET TO 515-255-8915