

AREA TWELVE SPECIAL OLYMPICS



*“Let me win, but if I cannot win, let me be brave in the attempt”.*

**2024 RAVE Bowling Season Information**

**Practices:** Practice begins on **Sunday, August 25,** and runs through **November 10**.

**NO PRACTICE Labor Day weekend September 1.**

There will be two practice sessions which run from **9:30-10:20** and **10:30-11:20.** Athletes should be at practice and ready to bowl - shoes on, at their assigned lane - by 10 minutes prior to their practice session time.

**Location:** All practices are at Cedarvale Lanes, 3883 Cedar Grove Pkwy, Eagan, MN 55122.

**First practice:** Athletes should arrive 15 minutes early so we can get lanes assigned and go over some basics.

**State Competition**: The state competition will be either November 16 or 17. The specific date and location have not yet been released by Special Olympics Minnesota.

**Equipment Requirements:** Each athlete is required to wear appropriate bowling shoes during practice. Athletes may provide their own shoes or they are available at no cost from Cedarvale Lanes.

**Registration Fee**: The registration fee is **$50 per athlete**, payable by cash or check payable to The RAVE.

**Registration form:** Please mail registration form and payment by **August 19, 2024**, to: Brian Aubitz,

9948 Portland Ave S, Bloomington, MN 55420.

**Any questions**: Please email me at **baubitz@gmail.com**

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**Registration Form**

Please return this portion of the form with payment.

**Please select a session:**  🞎 9:30-10:20 🞎 10:30-11:20 🞎 No Preference

*(This is not guaranteed—we hope to accommodate everyone’s request.)*

Athlete Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information (*please check one):* 🞎 Parent 🞎 Guardian 🞎 Staff

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I acknowledge the RAVE prefers a guardian or caregiver to remain at each practice.

\_\_\_\_\_ I acknowledge that is it my responsibility to make sure the athlete has a current medical on file before the first practice.

Is there any essential information that you would like to share about your athlete – allergies, behavioral issues, health concerns? (This does not replace the required medical.)

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