the RAVE
Rosemount • Apple Valley • Eagan
AREA TWELVE SPECIAL OLYMPICS

Special Olympics
Minnesota

"Let me win, but if I cannot win, let me be brave in the attempt".

2026 RAVE Bowling Season Information

Practices: Practice begins on **Sunday, Sept 20th,** and will run through **November 8th**.

Athletes will be assigned to one of two practice sessions which run from **9:15-10:15** and **10:30-11:30.**

Athletes should be ready to bowl - shoes on, at their assigned lane - by 5 minutes prior to their practice session time.

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

1st Practice: Athletes should arrive at least 15 minutes early so we can get lanes assigned and go over some basics.

State Competition: The state competition will be November 14-15. The specific date and location have not yet been released by Special Olympics Minnesota. I believe we will be in Bloomington.

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 28, 2026**, to:
Brian Aubitz, 9948 Portland Ave S, Bloomington, MN 55420.

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

RAVE 2026 Bowling Registration Form

Please return this portion of the form with payment.

Please select a session: ☐ 9:15-10:15 am ☐ 10:30-11:30 am ☐ No Preference

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

Athlete Name _____

Athlete's address _____

Athlete's phone: _____ Athlete email: _____

Parent/caregiver contact information

To receive email announcements and for emergency contact.

Name: _____ ☐ Parent ☐ Guardian ☐ Staff

Phone: _____

Email: _____

Group home name: _____

Name: _____ ☐ Parent ☐ Guardian ☐ Staff

Phone: _____

Email: _____

Group home name: _____

☐ 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.

Please provide 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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