2019-20 NCAA Women's Bowling Schedule Certification Form

	Institution				Address					
	City		State				Zip Code			
	Division		NO			CAA Region				
	Head Coach		Phone Number		Em	nail Address				
	Compliance Officer		Phone Number			Em	nail Address			
	Conference Name		Conference Commissioner				<u> </u>			
	Phone Number									
æn	gth of Playing Season		First Day of Countable Practice			Last Day of Countable Practice				
	Comple	eted by School - Event l	Information and Format(s)				Completed by Secretary-Rules Editor			
	Name of Competition	City and State of Competition	First Day of Competition	Last Day of Competition	Anticip Numbe Match	er of	Countable Days of Competition	Total Matches Played	Total 5-Person Matches	Total Bake Matches
٠.										
0.										
1.										
2.										
_										
3. 4.										

Total Number of Matches Played

Form must be completed and submitted to the corresponding Region Chair 14 days before the start of the

season or October 15, whichever is earlier.