

TO: Agency Liaisons and Interested Bowlers

FROM: Sheri Stephens

DATE: December 12, 2025

SUBJECT: 45th Annual SEHARC Bowling Tournament

The State Employee Health and Recreation Committee is sponsoring the 45th Annual SEHARC Bowling Tournament on **Saturday, January 31, 2026**. Last year 56 teams bowled in the tournament so get your entry in as early as possible to assure you get the time you want and promote the tournament among your co-workers. The tournament will be held at **Bowlerama Lanes, 1313 East Diehl Ave, Des Moines** and there is space for **56 teams ONLY**. The past years I asked that Teams prioritize their bowling times and that appeared to work well so I am doing it again this year. If you would like to bowl on a specific shift, please indicate which shift in priority order on the Entry Blank below. Assignment of teams to a shift will be based on a combination of the date the entry (& entry fee) was received and the priority number designated for each shift. Teams must consist of at least one man or one woman and have a total of five players on the team. **All team members must be current state of Iowa employees (or retired), no spouses, kids or friends.** The entry fee will be **\$55 per team** and will cover the cost of bowling and shoes. Make checks payable to SEHARC. Due to the wide range in the participants bowling skills, the tournament format will remain the same as prior years. There will be no handicap. All teams will be flighted based on total pin count. Here are the steps that teams must take to enter the tournament:

- (1) **Form a team of five people. (Consist of at least one man or one woman)**
- (2) **Collect the \$55 entry fee. (Make checks payable to SEHARC.)**
- (3) **Mail entry fee and Entry Form to:**

Sheri Stephens - SEHARC
Iowa Communications Network
Grimes State Office Bldg
400 East 14th St
Des Moines, IA 50319
LOCAL MAIL

(The entry fee and team roster must be turned in by January 16, 2026. For the team roster, give the names in the order in which they will bowl, indicate who the captain is of the team and include the captain's phone number, LOCAL MAIL ADDRESS and the captain's work email address or if retired home email. All correspondence and communication will be with the person identified as the captain.)

- (4) **That's all there is to do so do it today!!!**

After all the entries (both money and team roster) are received, a schedule will be sent to all team captains. So start forming your teams. If you have any questions, call Sheri Stephens at (515) 725-4747 sheri.stephens@iowa.gov.

PLEASE SHARE WITH ALL AGENCY PERSONNEL!!

ENTRY FORM
45th Annual SEHARC Bowling Tournament

Roster: (in order of bowling)

(1) _____ M/F

(2) _____ M/F

(3) _____ M/F

(4) _____ M/F

(5) _____ M/F

* indicates captain

Bowling Times:

Indication which shift you want to bowl by placing an
“X” on the shift you want. Teams will be assigned a
bowling time based upon a combination of bowling prior-
ity and date of entry.

9:00 am _____ 12:30 pm _____

Team Name or Agency Name _____

Captain's Phone Number: _____ - _____ - _____ (work) (cell if retired)

Captain's address: _____

Local Mail Address (work)
Or Home Address if retired

E-mail Address (work)
E-mail Address (personal) if retired