

MICHIGAN STATE USBC WBA CHAMPIONSHIP TOURNAMENT SUBSTITUTE FORM

Please complete this form and MAIL to: Michigan State USBC WBA, PO Box 217, Grandville MI 49468-0217 as soon as possible (AT LEAST TWO WEEKS PRIOR TO BOWLING) **OR** FAX to 616/635-2034 no later than **Tuesday** prior to scheduled tournament date. All other changes will need to be made at tournament site – two hours prior to squad time.

Entry Number: _____ Team Date Scheduled: _____ Time: _____

D & S Date Scheduled: _____ Time: _____

Team Name _____

Substitute's Name _____ USBC # _____

Address: _____ City: _____ Zip: _____

Social Security #: _____ Local Assoc. _____

Will be replacing: _____ In Team In Doubles In Singles

Team knows this sub, send team captain her prize check. Team just met this sub, send sub her own prize check.

Please Check how Averages were verified: Yearbook _____ or on Individual Record Sheet(s) _____
(New bowlers use current December 31st average of at least 21 games, or current average of at least 12 games – All others will use previous season's **highest** winter average.)

League Name # of games Average Date of Average (if not yearbook)

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