Arizona State USBC Association Tournament

Substitute Form

To: Arizona State USBC Tournament Director

1. Name_____Average:_____Final previous year or if using current see Rule 1.)

USBC Card #. _____(If using current average attach signed Average Verification Form)

2. Address _____City/State/Zip_____

(A) Sub for (Name) _____Event _____

  Scheduled to bowl: Date _____Time _____ Lane _____ Entry No. _____ Squad _____

(B) Sub for (Name) _____Event _____

  Scheduled to bowl: Date _____Time _____ Lane _____ Entry No. _____ Squad _____

(C)   Transfer All Events? Yes / No:_____

                                    Team Captain Signature _____

Note: To Team Captain
If only subbing one event write NONE where applicable

Tournament Office Use Only

*Check In:*_____*Recap:*_____*All Events Transferred:*_____*Average Verified:*_____