



SUBSTITUTION FORM

ENTRY# _____

TEAM CAPTAIN: TO REPORT A SUBSTITUTION, PLEASE FILL IN THIS FORM AND RETURN TO:

COLORADO STATE USBC, 2535 HILL AVE., GRAND JUNCTION, CO. 81501-5139 OR PRESENT IT AT THE TOURNAMENT OFFICE
AT LEAST 1 HOURS PRIOR TO BOWLING.

YOU MAY FAX: (970) 241-2146 OR E-MAIL TO: costateusbc@gmail.com UP TO 48 HRS PRIOR TO BOWLING

DATE: TEAM DATE _____ TIME _____

D&S DATE _____ TIME _____

ABSENT BOWLERS NAME: _____

SUB'S NAME: _____ USBC # _____

ADDRESS: _____ CITY _____ ZIP _____

TELEPHONE _____

SUBSTITUTE'S ASSOCIATION _____

SUBSTITUTE'S BIRTHDAY: ___/___/___ Age () SENIOR TOURNAMENT ONLY

_____ USE HIGHEST 2018 - 2019 COLORADO USBC CERTIFIED LEAGUE AVERAGE OF 21
GAMES OR MORE

_____ CURRENT AVERAGE (21 GAMES-AS OF October 5, 2019)

TEAM CAPTAIN SIGNATURE: _____



FOR TOURNAMENT OFFICE USE ONLY			
<u>CHANGE MADE</u>	<u>RECAP</u>	<u>CHECK-IN</u>	
<u>TEAM</u>	()	()	COMPUTER
<u>DBLS/SNGLS</u>	()	()	()