



SUBSTITUTION FORM

ENTRY# _____

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

COLORADO STATE USBC, 1635 27th Ave. Greeley, CO 80634 OR PRESENT IT AT THE TOURNAMENT OFFICE
AT LEAST 1 HOUR PRIOR TO BOWLING.

YOU MAY E-MAIL TO: classyladiesusbc@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 USBC CERTIFIED LEAGUE AVERAGE OF 21 GAMES OR MORE

CURRENT AVERAGE (21 GAMES OR MORE (AS OF October 12, 2019)

TEAM CAPTAIN SIGNATURE: _____



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