

**MICHIGAN STATE USBC WOMENS 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.

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**Please Check how Averages were verified: IF USING AN INDIVIDUAL RECORD SHEET, PLEASE ATTACH TO FORM**

1. Tournament Average: # of games \_\_\_\_\_ Average \_\_\_\_\_
  2. **OR** if not 18 or more Tournament games, then: Yearbook (21 or more games): # of games \_\_\_\_\_ Average \_\_\_\_\_
  3. **OR** Individual Record Sheet(s) for new bowlers without either of the above:  
Dec 31<sup>st</sup> (21 or more games) \_\_\_\_\_ or average as of participation, minimum 21 games if no Dec 31<sup>st</sup> \_\_\_\_\_
- Name of League \_\_\_\_\_

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