

MICHIGAN STATE USBC OPEN 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: 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:
Average as of participation, minimum 21 games _____ Name of League _____

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