

MICHIGAN STATE USBC OPEN CHAMPIONSHIP TOURNAMENT SUBSTITUTE FORM Please complete this form and MAIL to: Michigan State USBC, 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 his/her prize check. Team just met this sub, send sub his/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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