

**MICHIGAN STATE YOUTH CHAMPIONSHIP TOURNAMENT
SUBSTITUTION FORM**

Mail to: Michigan State USBC Youth - PO Box 217 - Grandville MI 49468-0217

Mail at least one week prior to bowling. Last minute substitutions must be made at least 1 hour prior to squad time.

*Proper Average Sheet(s) **MUST** be attached*

Entry # _____ Team Squad # _____ Doubles Squad # _____

Substitute's Name: _____

will be replacing: Name _____

in the following events: PLEASE COMPLETE ALL APPLICABLE AREAS

All Boy/Girl Team _____ Squad # _____ Date: _____ Time: _____
Mixed Team: _____ Squad # _____ Date: _____ Time: _____
Dbls/Sing: _____ Squad # _____ Date: _____ Time: _____

Substitute's Information:

Address: _____ City: _____ Zip: _____

Phone: (____) _____ Birthdate: ____/____/____ USBC # _____ - _____

Male ____ Female ____ Highest 17-18 Yearbook Average ____ Local Association _____

Please list **ALL** leagues you are currently bowling in. **Failure to list ALL leagues may result in disqualification.**
INDIVIDUAL RECORD SHEET(S) MUST BE ATTACHED - this is NOT a league sheet!!!

CENTER:	LEAGUE NAME:	# Games	Average as of 12/31/18 (Rule #3)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Coach Name: _____ Phone: (____) _____ E-Mail: _____

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