

MICHIGAN STATE USBC SUBSTITUTE FORM

Please complete this form and send by

MAIL: - Michigan State USBC – PO Box 217 – Grandville MI 49468-0217 **OR**

EMAIL: office@michiganstateusbc.com **OR**

FAX: 616/635-2034

As soon as possible (**AT LEAST TWO WEEKS PRIOR TO BOWLING**) **BUT 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.

Indicate which Tournament this substitution is for: WOMEN _____ OPEN _____

Entry #: _____ Team Date/Time: _____ D/S Date/Time: _____

Substitute's Name: _____ USBC#: _____

Address: _____ City: _____ Zip: _____

Will be replacing: _____ In Team _____ Doubles _____ Singles _____

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

1. Tournament Average: # of games _____ Average _____ **OR**
2. If not 18 or more Tournament games, then:
Bowl.com Average (21 or more games): # of games _____ Average _____ **OR**
3. Individual Record Sheet(s) for new bowlers without either of the above:
Average as of December 31st, minimum 21 games: _____ Name of League: _____

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