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: Na	ame					
	in the following evaluation All Boy/Girl Team		Squad # Squad #		Date: Date:		_ Time:
	Dbls/Sing:		Squad #		Date: _		Time:
	e's Information:			City:			Zip:
hone: ()		Birthdate:	/	/	USBC #	-
Лаlе	Female Highe	est 22-23 Year	book Average		Local As	sociation	
Please list	ALL leagues you are	e currently bo	owling in. Fail ET(S) MUST	ure to l	ist ALL le ΓΑCHED -	agues may re this is NOT a	esult in disqualification. a league sheet!!!
CENTER:	L	LEAGUE NAM				# Games	Average as of 12/31/23 (Rule #3)
	mo:						
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			SUBSTITUT	ION FO	RM	P TOURNAM	
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Substitute Address: Phone: (Male	Entry # Substitute's Name. will be replacing: Na in the following ev. All Boy/Girl Team Mixed Team: Dbls/Sing: e's Information: Pemale Higher INDIVIDUAL RI	est 22-23 Year e currently bo ECORD SHE	SUBSTITUT Itate USBC Yout Iling. Last minute . Proper Average S. Team Squad Squad # Squad # Squad # Squad # book Average . Dwling in. Fail ET(S) MUST	TION FO h - PO Bo substitution heet(s) MI d # City: / ure to li BE AT	APPLICA Date: Date: Date: Local Assist ALL le	ndville MI 49468-ide at least 1 hour phed Doubles So BLE AREAS USBC # sociation	orior to squad time. quad # Time: Time: Time: Zip: esult in disqualification. a league sheet!!!