

SQUAD CHANGE REQUEST

ENTRY #

League Official: _____ Phone Number: _____

Date: _____ Email _____

Center: _____ City: _____

Bowler Name: _____

Original Date and Time: Date _____ Time: _____

Request to CHANGE TO: Date _____ Time: _____

*Must be submitted by **LEAGUE OFFICIAL ONLY** by email (michiganstatepepsi@comcast.net)*

or by, mail or Fax: (616) 635-2034 – No calls

Please note requests to change are subject to availability

OFFICE USE ONLY:

Changed in Schedule book - Date: _____ Changed in computer – Date: _____

Change mailed/emailed to: _____ Date: _____

Entry refiled Date: _____

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