SOUAD CHANGE REQUEST

Entry refiled Date: _____

| SQUAD CH | ANGE REC | QUEST | ENTRY # | |
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| League Official: | | Phone Nur | mber: | |
| Date: | Email | | | |
| Center: | | City: | | |
| Bowler Name: | | | | |
| Original Date and Time: | Date | Time: | | |
| Request to CHANGE TO: | Date | Time: | | |
| Must be sub | · · · · · · · · · · · · · · · · · · · | | si@michiganstateusbc.com | |
| | | r Fax: (616) 635-2034 – No | | |
| | • | sts to change are subject to | o availabilty | |
| OFFICE USE ONLY: | | ~ ! | | |
| Changed in Schedule book | - Date: | Changed in o | computer – Date: | |
| Change mailed/emailed to: | | Date: | | |
| Entry refiled Date: | | | | |
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| SQUAD CH | | | mber: | |
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| Bowler Name: | | | | |
| Original Date and Time: | Date | Time: | Time: | |
| Request to CHANGE TO: | Date | Time: | | |
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| OFFICE USE ONLY: | | | | |
| Changed in Schedule book - Date: | | Changed in computer – Date: | | |
| hange mailed/emailed to: | | | Date: | |