DIVISION CHANGE FORM

I (We) hereby authorize the Michigan State USBC Youth Tournament Director to change my (our) tournament participation **from:** *(please check choices)*

Scratch to HANDICAP: _____

Handicap to SCRATCH: _____

Please change the following events to reflect the above selected change.

Signature(s): Change the following Events:

1. _____ Team _____ Doubles_____Singles _____
2. _____ Team _____ Doubles_____Singles _____
3. _____ Team _____ Doubles_____Singles _____
4. _____ Team _____ Doubles_____Singles _____

Signature of Coach/League Official or Parent: _____

Note: This form must be submitted prior to the start of the tournament which is March 15th

Please email to: office@michiganstateusbc.com or mail or Fax to:

Mail: Michigan State USBC Youth - PO Box 217 - Grandville Mi

FAX: 49468-0217 616/635-2034