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 Name. _____

in the following events: PLEASE COMPLETE ALL APPLICABLE AREAS

All Boy/Girl Team _____ Squad # _____ Date:_____ Time:_____
Mixed Team: _____ Squad # _____ Date:_____ Time:_____
Dbls/Sing: _____ Squad # _____ Date: _____ Time: _____

Substitute's Information:

Address:_____ City:_____Zip: _____

Phone: (_____)_____Birthdate:_____/_____/_____ USBC #_____-_____

Male ____ Female ____ Highest Last Season Yearbook Average _ Local Association _____

Please list **ALL** leagues you are currently bowling in. **Failure to list ALL leagues may result in disqualification.**
INDIVIDUAL RECORD SHEET(S) MUST BE ATTACHED - this is NOT a league sheet!!!

CENTER:	LEAGUE NAME:	# Games	Average as of 12/31 (Rule #3)

Coach Name:_____Phone: (_____)_____E-Mail: _____

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