

Arizona State USBC Association Tournament

SUBSTITUTION FORM

Substitute Information:

1. Name _____ Average _____ (Final previous year or if using current, see Rule 1)
 USBC National ID #: _____ (If using current average needs signed Average Verification Form)
2. Address _____ C/S/Z _____
3. Local Association of substitute: _____
Team: _____
- (A) Scheduled to bowl: Entry No. _____ Bowler # _____ Squad _____ Date _____ Time _____ Lane _____
 Sub for (Name) _____ Team Name _____
Doubles/Singles
- (B) Scheduled to bowl: Entry No. _____ Doubles Pair # _____ Bowler # _____ Squad _____ Date _____ Time _____ Lane _____
 Sub for (Name) _____ Doubles partner _____

4. Are you presently scheduled to bowl in any other event in this tournament? No: _____ Yes: _____
 If Yes, what is the ENTRY CODE # _____ BOWLER # _____

REMEMBER you are eligible to bowl in DOUBLES/SINGLES ONLY ONCE AND TEAM EVENT TWICE.

5. Place a check mark confirming the event/events the substitute will be assuming.
 _____ Team Only
 _____ Doubles/Singles Only
 _____ Team, Doubles/Singles Only
 _____ Team, Double/Singles & All Events

Signature of Captain _____ Date _____ Signature of Substitute _____ Date _____

OFFICE USE ONLY

Please initial all changes as made.

Event	Check-In List	Recap Sheet	Entry Form	Change for Center	Copy for Other Tournament Office	Computer
Team						
Doubles/Singles						