

IOWA STATE USBC WOMEN'S BOWLING ASSN., INC.
SUBSTITUTE FORM – 2018 TOURNAMENTS

ENTRY # _____
TEAM NAME _____ CAPTAIN _____
TEAM SCHEDULED DATE/TIME _____ DOUBLES/SINGLES SCHEDULED DATE/TIME _____
BOWLER OUT _____
BOWLER IN _____ BIRTH DATE (Sr. Tourn only) _____
SUBSTITUTE'S USBC #. _____ SUBSTITUTE'S LOCAL ASSN. _____
SUBSTITUTE IS REPLACING ORIGINAL BOWLER IN: ALL 3 EVENTS _____ TEAM ONLY _____ DBLS/SGLS ONLY _____

Substitute's highest average was _____ for _____ games:
A _____ As of the end of previous season (winter or summer)
B _____ As of Jan. 1st current season (including league play
Dec. 31st), not less than 21 games in one league
C _____ Current average of at least 12 games (see rule #7c)
D _____ 220 average (entrant has none of above)

If the bowler dropping out is the team captain, please designate who will serve as team captain:

Name _____
Address _____
Phone _____

BOWLER MUST USE THE HIGHEST AVERAGE IN ALL USBC ASSOCIATIONS AND LEAGUES OF NOT LESS THAN 21 GAMES, (EXCEPT C ABOVE), IN THE ABOVE ORDER. ALL ENTRANTS MUST BE PAID MEMBERS OF THE IOWA STATE USBC WOMEN'S BOWLING ASSN., INC.

Email/fax/USPS mail this form or same information to:

Iowa State USBC WBA:

isusbcwba@frontiernet.net / 515-576-4969 (fax) or mail to
939 So. 24th St., Fort Dodge, IA 50501-6146.

OR present this form at the tournament office **2 hours** prior to squad time.
Questions? Call Iowa State USBC WBA 515-576-5561

Signature of Local Association Manager of Substitute Bowler

Local Association Name/Number of Substitute Bowler

NOTE: This form MUST be signed by the local Association Manager ONLY if using average option B or C. If the substitute's average is verifiable on bowl.com, NO signature is needed.

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