

IOWA STATE USBC WOMEN'S BOWLING ASSN., INC.
SUBSTITUTE FORM – 2012 STATE TOURNAMENTS

Entry # _____ Team Name _____ Captain's Name _____
Team Scheduled Date & Time _____ Doubles/Singles Scheduled Date & Time _____

Original Bowler Name _____ Local Assn. _____

Substitute Bowler Name _____ USBC # _____ - _____

Substitute's Address _____
(Complete Mailing Address, Street, City, State, Zip + 4)

Substitute's Local Assn. _____ Substitute's Birth Date (Sr Tourn only) _____

Substitute is replacing original bowler in: All 3 events (____) Team only (____) D/S only (____)

Substitute's highest average was _____ for _____ games: If the bowler dropping out is the team captain, please

A _____ At the end of previous season (2010-11) designate who will serve as captain:

B _____ As of Dec. 1, 2011 (including league play 11-30-11) Name _____

C _____ As of Jan. 31, 2012 (including league play 1-31-12) Address _____

D _____ Current average of at least 12 games (see rule #16d) _____

E _____ Summer average (2011)* Phone _____

F _____ 240 average (entrant has none of above)*

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

Mail/fax/email this form or same information to the ISUSBCWBA office as soon as possible. Fax 515-576-4969, mail to 939 So. 24th St., Fort Dodge, IA 50501-6146, email to isusbcwba@frontiernet.net, or present this form at the tournament office 90 minutes prior to squad time. Questions? Call ISUSBCWBA 515-576-5561 or 888-659-3223.

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, C, or D. If the substitute's average is verifiable on bowl.com, no signature is needed.

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