

IOWA STATE USBC STATE CHAMPIONSHIP TOURNAMENTS SUBSTITUTE/AVERAGE VERIFICATION FORM

Please circle: OPEN (men & women) WOMEN'S SENIOR MIXED

ENTRY # _____ CAPTAIN _____

TEAM SCHEDULED DATE/TIME _____ DBLS/SGLS SCHEDULES 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 (X) _____ TEAM ONLY _____ DBLS/SGLS ONLY _____

- Substitute's highest average was _____ for _____ games:
- A _____ As of the end of previous season (winter or summer or sport adjusted)
 - B _____ As of January 1 current season (including league play December 31), not less than 21 games in one league
 - C _____ Current average of at least 12 games at time of tournament participation as per rule #7c
 - D _____ 230 average, scratch, OPEN tournament
220 average, scratch, WOMEN'S tournament
240 MEN, 220 WOMEN, MIXED/SENIOR tournament

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

Name _____
Address _____
Phone _____

ALL BOWLERS MUST BE PAID MEMBERS OF USBC, IOWA STATE USBC AND AN IOWA LOCAL ASSN.
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.

If using average rule B or C above, verification of average MUST be submitted to the TOURNAMENT MANAGER or the tournament check-in office. Acceptable verification includes:

- League(s) standing sheet showing date, name(s), number of games and average.
- Individual league record sheet from league(s)
- Printout or electronic proof from league software.

Scan/email or USPS mail this form or same information to:

Iowa State USBC
tournaments.manager@iowabowl.com or mail to:

901 Agnes St., Callender, IA 50523
OR present this form at the tournament office **2 hours** prior to squad time
Questions? Call Iowa State USBC 515-835-0783

AVERAGE VERIFICATION

NAME _____

DATES SCHEDULED _____

ENTRY # _____ USBC# _____

LOCAL ASSN. _____

Attach league standing sheet(s) or Individual Record Sheet(s) for verification.

USING AVERAGE RULES STATED ABOVE:

PREVIOUS SEASON, at least 21 games _____
NO verification needed
JANUARY 1, at least 21 games _____
VERIFICATION REQUIRED
CURRENT AVG., at least 12 games _____
VERIFICATION REQUIRED