

2024 IOWA STATE USBC **OPEN** STATE CHAMPIONSHIP TOURNAMENT SUBSTITUTE FORM

ENTRY # _____

TEAM NAME _____ CAPTAIN _____

TEAM SCHEDULED DATE/TIME _____ DOUBLES/SINGLES SCHEDULED DATE/TIME _____

BOWLER OUT _____

BOWLER IN _____

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:

- 1 _____ As of the end of previous season (*winter or summer or sport adjusted*)
- 2 _____ As of **JANUARY 1** current season, 21 games or more, in USBC certified league
- 3 _____ As of **DATE OF PARTICIPATION, 12** games or more, in USBC certified league
- 4 _____ 230 average – scratch

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 IN THE ABOVE ORDER (except #3). ALL ENTRANTS MUST BE PAID MEMBERS OF THE IOWA STATE USBC.

Email or USPS mail this form or same information to:

Iowa State USBC

tournaments.manager@iowabowl.com or mail to

935 So. 26th St., Fort Dodge, IA 50501-6250

OR present this form at the tournament office **2 hours** prior to squad time

Questions? Call Iowa State USBC 515-417-8738

NOTE: This form MUST be signed by the local Association Manager ONLY if using average option 2 or 3. If the substitute's average is verifiable on bowl.com, NO signature is needed. Proof of January 1 or Date of Participation average REQUIRED using this form, league standing sheet, or Individual Record Sheet.

Signature of Local Association Manager of Substitute Bowler

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