

IOWA STATE USBC WOMEN'S STATE CHAMPIONSHIP TOURNAMENTS SUBSTITUTE FORM – 2024 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 or sport adjusted)
B _____ As of January 1st current season (including league play
December 31), 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.

Email or USPS mail this form or same information to:

Iowa State USBC:

tournament.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

Signature of Local Association Manager 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. Proof of average (B or C above) using this form, league standing sheet or Individual Record Sheet must be presented upon check-in at the tournament office.

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