

**LOUISIANA STATE USBC WBA
SUBSTITUTION FORM**

NAME OF BOWLER BEING REPLACED: _____

TOURNAMENT ENTRY NUMBER: _____ **BOWLER # ON CHECK-IN SHEET** _____

NAME OF SUBSTITUTE: _____

ADDRESS OF SUBSTITUTE: _____

CITY _____ **STATE** _____ **ZIP** _____ **PHONE** _____

DRAW A CIRCLE AROUND THE EVENTS THE SUBSTITUTE WILL BE BOWLING:

TEAM EVENT: Date _____ Squad Time _____ **DOUBLES &
SINGLES** Date _____ Squad Time _____

AVERAGE OF SUBSTITUTE: _____ **USBC NUMBER** _____

SIGNATURE OF SUBSTITUTE OR CAPTAIN: _____

Average Verification Must be Attached or this form must be signed by your local association manager.

_____ **Local Association Manager's Signature**