

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 Signature