

D/S HOUSE

CHECK IN SHEETS _____
ENTRY BLANK _____
SCORE RECAP _____
COMPUTER _____

**ILLINOIS USBC WBA
SUBSTITUTION FORM**

TEAM HOUSE

CHECK IN SHEETS _____
ENTRY BLANK _____
SCORE RECAP _____
COMPUTER _____

ALL INFORMATION MUST BE FILLED IN:

PLEASE PRINT OR TYPE

ENTRY # _____ BOWLER TO BE REPLACED: _____

card

USBC ID# OR

SS # OF

SUBSTITUTE: _____ NAME _____ AVE _____

bk

see att

COMPLETE ADDRESS OF SUBSTITUTE: (street, city state and zip)

ASSOCIATION # _____ ASSOCIATION NAME: _____

CHECK EVENT: TEAM _____ DATE _____ TIME _____ LANE _____
D/S _____ DATE _____ TIME _____ LANE _____

I hereby certify that the substitute's previous season's average is correct.

Signature of Team Captain

Signature of Local Association Manager

AVERAGE VERIFICATION: IF CURRENT AVERAGE - COPY OF INDIVIDUAL LEAGUE RECORD SHEET
15 GAMES AS OF DECEMBER 1ST OR 12 GAMES AS OF DATE OF PARTICIPATION