

GEORGIA STATE USBC WBA ANNUAL HANDICAP TOURNAMENT SUBSTITUTION APPLICATION

DO NOT write in the box below:
Entry_____
Recap_____
Winlabs_____

This form shall be completed and presented to the Tournament Manager's Office at least two (2) hours before scheduled bowling time for each substitute on your entry.

If sufficient time, **please mail to:**

or fax to:

Linda Proctor, Manager
GA State USBC WBA State Tourn.
1960 Bradbury Road
Grantville, GA 30220

770-583-3129
MsPutter@gmail.com

PLEASE PROVIDE ALL INFORMATION AND PRINT LEGIBLY

Substitute's Name: _____ AVG. _____

Complete Address: _____

_____ (City) (State) (Zip Code)

Email Address: _____

USBC ID NUMBER: _____

To replace: _____

Team Name: _____

In the following events: _____ Date: _____

Time: _____

_____ Date: _____

Time: _____

Average certified by: _____

(Local Association Manager or League Secretary)

Entry Number: _____

Doubles Pair Number: _____ (if applicable)

Line-up Position: _____ (of absentee)