CALIFORNIA USBC WOMEN'S TOURNAMENT – 2010 REPLACEMENT FORM

_____ _____ _____

Entry # *Replacement Bowler* *Original Bowler*

Replacing bowler in the following events:
☐ Team & D/S ☐ Team only ☐ D/S only

Date scheduled to bowl:
TEAM: Date/Time _____ **D/S:** Date/Time _____

Select one option:
a) ☐ Return ENTRY FEE 100% back to Original Bowler
b) ☐ Split Prize Money 50/50 between Replacement and Original Bowler
☐ **Transfer All-Events**
c) ☐ Option of the Replacement & Original Bowler _____
If option a-c is not selected, the prize money will be paid 100% to the Replacement bowler.

Replacement's Information

Address _____ City _____ Zip _____

Phone ( ) _____ E-mail _____

USBC Association _____ USBC Membership #: _____

Signature (Req'd) _____

Average verification *(must be minimum of 21 games):*

2008/09 (Book) _____ April 15, 2010 (Current) _____ Summer 2009 _____

Team Captain (Print) _____ ***Captain's Sig.*** (Req'd) _____

Address _____ City _____ Zip _____

Phone ( ) _____ E-mail _____

Office Use ONLY
Team Lane # _____ D/S Lane # _____

Submit form to: *CUSBC Women's Championships*
P O Box 3243, Carmichael, CA 95609
Phone (916) 967-1736 Fax (916) 967-1774
E-mail: WomensChampionships@calusbc.com

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