

CALIFORNIA USBC YOUTH CHAMPIONSHIPS – 2017 REPLACEMENT FORM

ENTRY #	REPLACEMENT BOWLER	ORIGINAL BOWLER
Replacing bowler in the following events:		Date and Time scheduled to bowl:
<input type="checkbox"/> Team & D/S <input type="checkbox"/> Team only <input type="checkbox"/> D/S only		TEAM: Date/Time _____ D/S: Date/Time _____
Has substitute bowled in or scheduled to bowl in ANY EVENT of this tournament? _____		
If so, what is the entry number of that team? _____ Event bowled _____		
Replacement's Address _____		City _____ Zip _____
Phone (_____) _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home		E-mail _____
Center: _____	Birthdate: _____	Age: _____ <input type="checkbox"/> BOY <input type="checkbox"/> GIRL
USBC Association _____	USBC MEMBERSHIP # _____	

TOURNAMENT AVERAGE: *Verification MUST be provided*

_____ **Highest 2016-17 average** (15 games)

_____ **Highest avg as of Tourn. Date** (15 games)

_____ **Highest 2015-16 average** (15 games)

None: Enter at 225

Coach's Name _____

Coach's Signature _____

Phone (_____) _____ Cell Home

E-mail _____

PLEASE ARRIVE ONE HOUR PRIOR TO PROCESS PAPERWORK CHANGES.

Submit to: CUSBC Youth Championships
 1847 W 179th St, Torrance, CA 90504
 Tel: (562) 449-4527
 E-Mail: YouthChampionships@calusbc.com

OFFICE USE ONLY

Team Lane # _____ D/S Lane # _____

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