

SUBSTITUTE'S AVERAGE CERTIFICATION FORM

Send to the FS-USBC-WBA, Inc., P. O. BOX 1166, DADE CITY, FL 33526-1166 at least two (2) weeks prior to the date your entry is scheduled to bowl. Those securing substitutes after this period of time should fill out the form and bring to the tournament office AT LEAST ONE (1) HOUR PRIOR TO SCHEDULED BOWLING TIME. Captains should retain the pink copy. The white and yellow copies of the form are to be submitted to the FS-USBC-WBA, Inc. for their files. *****PLEASE DO NOT LIST MORE THAN ONE SUBSTITUTE ON THIS FORM.*****



Indicate the event in which the substitute will participate (as a sub):

Team: Date: _____

Time: _____

Dbls: Date: _____

Time: _____

FOR FS-USBC-WBA OFFICE USE

--	--

Entry #: _____

Sub's USBC ID #: _____

Substitute's Name: _____

Street Address: _____

City/State/Zip: _____

Average: _____ (Highest Sanctioned League)

Original Entrant: _____

Team Captain Signature: _____

Local Association: _____ (If Available)

Local Assn. Mgr. Signature: _____