

CALIFORNIA USBC YOUTH CHAMPIONSHIPS – 2018 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*

A) _____ Highest 2017-18 average (Min 15 games)

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

C) _____ Highest 2016-17 average (Min 15 games)

D) None: Enter at 225

All Sport or Challenge averages will be adjusted. The adjusted average must be used if it is the highest average.

Coach's Name _____

Coach's Signature _____

Cell Phone (_____) _____

E-mail _____

PLEASE ARRIVE ONE HOUR PRIOR TO PROCESS PAPERWORK CHANGES.

Submit to: CUSBC Youth Championships
 3415 Duchess Ln, Long Beach, CA 90815
 Tel: (562) 449-4527 • **E-Mail: YouthChampionships@calusbc.com**

OFFICE USE ONLY

Team Ln # _____ D/S Ln # _____

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