

OHIO USBC WBA CHAMPIONSHIP TOURNAMENT

ENTRY
CODE NO. _____

SUBSTITUTION FORM

DATE SCHEDULED: TEAM _____ DBLS/SGLS _____
DATE TIME DATE TIME

SUBSTITUTES' NAME _____ USBC # _____ AVG. _____

ADDRESS _____
Give complete address -- Street, City, State, Zip Code

SUBSTITUTE'S LOCAL ASSOCIATION _____ WBA

WILL REPLACE _____

TEAM D/S

TRANSFER PAID AE-HCP.
YES NO

AE-ACT.
YES NO

Check if Assoc. Book Average

Highest Current Average at Time
of Participation (Minimum 12 Games)

Signature of Team Captain