



REPLACEMENT FORM

Entry # _____

Replacement Bowler

Original Bowler

Replacing bowler in: Team & D/S _____

Team only _____

D/S only _____

Team: Date/Time _____

D/S: Date/Time _____

Replacement's Information

Address: _____

City: _____ Zip: _____ Date of birth _____

USBC Association: _____ USBC Membership #: _____

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

2016 (Book) _____ 2015 (Book) _____ Current 21 games _____

Team Captain's Information

Name: _____ Phone: (_____) _____

Team Captain's Signature (required)

Office Use ONLY

Team Lane # _____ D / S Lane # _____

Submit form to:

California State Senior Bowling Assn

2712 Violet Court

Antioch, CA 94531

Fax number: (925) 757-5373

E-mail: CalStateSeniorBA@aol.com