

TEAM ENTRY # _____ LANE # _____ BIRTH DATE _____ MINOR ENTRY # _____ LANE # _____

WI STATE USBC TOURNAMENT CHANGE RECORD

Bowlers please print and complete top portion of information requested for change

Name _____ Phone _____
First Middle Last

Address _____ City _____ St _____ Zip _____

Bowler ID _____

Highest **LAST SEASON AVERAGE** for 21 games in any association. _____. If **no such average**, or **15 pins over**, my current seasons average is _____ for _____ games in league at the following bowling center _____.

YOU ARE ELIGIBLE TO BOWL ONLY ONCE IN ANY EVENT

SUBSTITUTE - for _____

Mark events you are assuming: _____ Team _____ Doubles & Singles _____ Team, Doubles & Singles

NO CARD *

PROOF OF MEMBERSHIP

*I hereby declare that I have purchased a current USBC Certified Membership card through the local _____ association. I fully understand that should a check prove that I did not purchase a current membership card all my scores for this tournament will become void.

Name of league _____ Bowling Center _____

Bowlers Signature _____ Date _____

IMPORTANT - BOWLER MUST SUBMIT YELLOW COPY WHEN YOU CHECK IN FOR NEXT EVENT

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