

**PENNSYLVANIA STATE USBC BOWLING ASSOCIATION
SUBSTITUTION AFFIDAVIT**

DATE _____

CHECK THE EVENTS TO INCLUDE:

ENTRY NO. _____

TEAMS _____ DOUBLES _____ SINGLES _____

WOMEN'S DOUBLES _____ WOMEN'S SINGLES _____

ALL EVENTS 6 Game _____ 9 Game _____

WOMEN'S ALL EVENTS 6 Game _____ 9 Game _____

ORIGINAL BOWLER _____ Age: _____

SUBS NAME _____ Age: _____

DOB: _____

ADDRESS _____

DATE SQUAD TIME

City State ZipCode

TEAM _____

PHONE NO _____

DBLS _____

USBC SANCTION NO. _____

SINGLES _____

SOCIAL SECURITY NO. _____

Has this sub bowled before???

Yes _____ No _____

AVERAGE _____ VERIFIED? Yes ___ No ___

Check Average Used:

2021-22 WINTER LEAGUE _____

CURRENT HIGH AVERAGE _____

2021-22 SUMMER LEAGUE _____

2022-23 12 games or more _____

MEMBERSHIP VERIFIED? Yes _____ No _____

All moneys earned will be awarded in the name of the substitute.

LOCAL ASSOCIATION YOU BELONG TO: _____

Should tournament management find that the above average or other pertinent information has been presented incorrectly, entry(s) involved will be subject to disqualification.

By placing our signatures on this form, we hereby certify that the information is correct.

SIGNATURE - TEAM CAPTAIN _____

SIGNATURE - SUBSTITUTE _____

Tournament Official

AFFIDAVIT ACCEPTED BY: _____