

**PENNSYLVANIA STATE USBC BOWLING ASSOCIATION
SUBSTITUTION AFFIDAVIT 2025 SENIOR TOURNAMENT**

DATE _____

ENTRY NO. _____

ORIGINAL

BOWLER _____

CHECK THE EVENTS TO INCLUDE:

TEAMS _____ DOUBLES _____ SINGLES _____

WOMEN'S DOUBLES _____ WOMEN'S SINGLES _____

ALL EVENTS 6 Game _____ 9 Game _____

WOMEN'S ALL EVENTS 6 Game _____ 9 Game _____

Age: _____

SUBS

NAME _____

Age: _____

DOB: _____

ADDRESS _____

DATE SQUAD TIME

City _____ State _____ ZipCode _____

TEAM _____

PHONE NO _____

DBLS _____

USBC SANCTION NO. _____

SINGLES _____

Has this sub bowled on a previous entry/squad?

Yes _____ No _____

AVERAGE _____ VERIFIED? Yes ____ No ____

Check Average Used:

2024-25 WINTER LEAGUE _____

2024-25 SUMMER LEAGUE _____

2025-26 12 games or more _____

CURRENT HIGH AVERAGE _____

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: _____