## IOWA STATE MIXED TOURNAMENT – 2024 SUBSTITUTE FORM

ENTDV #	
ENTRY #	
TEAM NAME	_CAPTAIN
TEAM SCHEDULED DATE/TIMEMIXED	DOUBLES SCHEDULED DATE/TIME
BOWLER OUT	
BOWLER INUSBC =	#LOCAL ASSN
SUBSTITUTE IS REPLACING ORIGINAL BOWLER IN: BOTH EVENT	TEAM ONLY MIXED DOUBLES ONLY
Substitute's highest average was for games: AAs of the end of previous season (winter or summer BAs of Oct. 18 current season (including league play Oct. 18), not less than 12 games in one league CCurrent average of at least 12 games (see rule #5c) D240 average (entrant has none of above)	
BOWLER MUST USE THE HIGHEST AVERAGE IN ALL USBC ASSOCIA ABOVE), IN THE ABOVE ORDER. ALL ENTRANTS MUST BE PAID ME Email/fax/mail this form or same information to: Iowa State USBC: Association.manager@iowabowl.com, fax to 515-576-4969 or USPS mail to 935 So. 26 <sup>th</sup> St., Fort Dodge, IA 50501-6250. OR present this form at the tournament office <b>90 minutes</b> prior to squad time. Questions? Call Iowa State USBC 515-576-5561.	ATIONS AND LEAGUES OF NOT LESS THAN 21 GAMES, (EXCEPT B & C EMBERS OF THE IOWA STATE USBC, INC. Signature of Local Association Manager of Substitute Bowler Local Association Name of Substitute Bowler
	ing average option B or C. If the substitute's average is verifiable on bowl.com, NO
IOWA STATE MIXED SUBSTITU	
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TEAM NAME	
TEAM SCHEDULED DATE/TIME MIXED	_CAPTAIN
	CAPTAIN DOUBLES SCHEDULED DATE/TIME
BOWLER OUT	DOUBLES SCHEDULED DATE/TIME
	DOUBLES SCHEDULED DATE/TIME
	DOUBLES SCHEDULED DATE/TIME #LOCAL ASSN
BOWLER INUSBC	DOUBLES SCHEDULED DATE/TIME #LOCAL ASSN TEAM ONLYMIXED DOUBLES ONLY If the bowler dropping out is the team captain, please

NOTE: This form MUST be signed by the local Association Manager ONLY if using average option B or C. If the substitute's average is verifiable on bowl.com, NO signature is needed.