

OHIO WOMEN'S INTER-CITY BOWLING TOURNAMENT

ENTRY
CODE NO. _____

SUBSTITUTION FORM

DATE SCHEDULED: TEAM _____ DBLS/SGLS _____
DATE TIME DATE TIME

SUBSTITUTES' NAME _____ S.S.# _____ AVG. _____

ADDRESS _____
Give complete address — Street, City, State, Zip Code

SUBSTITUTE'S LOCAL ASSOCIATION _____ WBA

WILL REPLACE _____ TEAM D/S

TRANSFER PAID AE YES NO

Check if Assoc. Book Average

Highest Current Average at Time
of Participation (Minimum 12 Games)

Signature of Team Captain