

TNBA CENTRAL REGIONAL JUNIOR TOURNAMENT
SINGLES SUBSTITUTION FORM

COMPLETE ALL REQUESTED INFORMATION
PLEASE PRINT

Average Verification and Permission Slip - attach a copy of each.

Friday Saturday Squad Time _____ Lane _____ Entry # _____

ORIGINAL BOWLER'S NAME: _____

SUBSTITUTE INFORMATION: USBC# _____ TNBA# _____

Name _____ Average _____
(As of January 31, 2012)

Address: _____ City: _____ State: _____ Zip Code: _____

Birth Date: _____ Age as August 1st: _____ Sex: Male or Female
(Circle one)

Telephone Number: () _____ Permission Slip _____

Senate: _____ Coach: _____

Take this to the assigned lane. Someone will come to the lane to make corrections.

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TEAM SUBSTITUTION FORM

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