



# REPLACEMENT FORM

Entry # \_\_\_\_\_

\_\_\_\_\_  
*Replacement Bowler*

\_\_\_\_\_  
*Original Bowler*

Replacing bowler in: Team & D/S \_\_\_\_\_ Team only \_\_\_\_\_ D/S only \_\_\_\_\_

Team: Date/Time \_\_\_\_\_ D/S: Date/Time \_\_\_\_\_

## **Replacement's Information**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of birth \_\_\_\_\_

USBC Association: \_\_\_\_\_ Membership #: \_\_\_\_\_

Average verification (*must be minimum of 21 games*):

2010/11 (Book) \_\_\_\_\_ 2009/10 (Book) \_\_\_\_\_ Current 21 games \_\_\_\_\_

## **Team Captain's Information**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
*Team Captain's Signature* (required)

Office Use ONLY
Team Lane # _____ D / S Lane # _____

**Submit form to:**  
California State Senior Bowling Assn  
2712 Violet Court  
Antioch, CA 94531  
Fax number: (925) 757-5373  
E-mail: [CalStateSeniorBA@aol.com](mailto:CalStateSeniorBA@aol.com)