

**SUBSTITUTE APPLICATION
FSUSBCY, INC. STATE TOURNAMENT**

ENTRY NUMBER: TEAM _____ D/S _____

DATES & TIMES TEAM _____ D/S _____

BOY _____ **GIRL** _____

SUBSTITUTE:

NAME _____

SANCTION # _____

ASSOCIATION _____

**TO
REPLACE:** _____

IN: TEAM _____ D/S _____

REPLACING DIFFERENT BOWLER D/S:

TO REPLACE: _____

SUBS SANCTION #: _____

AVERAGE: _____ **NUMBER OF GAMES:** _____ **TOTAL PINS** _____

(AS OF JANUARY 1, 2022 _____ APRIL 15, 2022 _____ SUMMER LEAGUE _____ [MUST NOT HAVE BOWLED IN WINTER LEAGUE])

COACHES FULL NAME AND ADDRESS _____

BOWLING CENTER _____

AVERAGE VERIFIED BY _____

ASSOCIATION MANAGER/MEMBERSHIP PROCESSOR

ASSOCIATION _____

MAIL/EMAIL OR BRING TO THE TOURNAMENT OFFICE AT LEAST ONE (1) HOUR PRIOR TO THE STARTING TIME OF THE SQUAD SCHEDULED TO BOWL!!!

MAIL TO:

Dalia Keyes

1906 Meadowridge Drive

Valrico, FL 33596 (813) 685-3555

Email: daliakeyes@aol.com

(OFFICE USE ONLY)

TEAM _____

D/S _____

A/E _____