

OHIO USBC WBA CHAMPIONSHIP 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-HCP.    
YES NO

AE-ACT.    
YES NO

Check if Assoc. Book Average

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

\_\_\_\_\_  
Signature of Team Captain