



CHANGE AUTHORIZATION FORM

THE SOUTHWEST BOWLING ASSOCIATION TOURNAMENT

| | | | | |
|-------------------------------|--|---|---|------------|
| Name of Substitute _____ | | Average _____ | USBC National ID# | |
| Street Address _____ | | Circle One Below | | |
| City _____ St _____ Zip _____ | | <input type="checkbox"/> Book <input type="checkbox"/> Summer | Entry _____ | Lane _____ |
| Phone _____ | | <input type="checkbox"/> Jan 1st* <input type="checkbox"/> Current* | Squad _____ | Time _____ |
| Person Being Replaced _____ | | *Requires League Sheet | Team Capitan _____ | |
| | | <input type="radio"/> T <input type="radio"/> D <input type="radio"/> S <input type="radio"/> A | | |
| | | Events (Fill in Applicable) | | |

| | | |
|---------------------------|-------------------|-------------------------|
| Average Change Only _____ | Bowler Name _____ | Corrected Average _____ |
|---------------------------|-------------------|-------------------------|

| | |
|-----------------------|----------------------|
| Name Correction _____ | Corrected Name _____ |
|-----------------------|----------------------|

Do Not Write Below This Line

Tournament Official _____ Membership Verified _____ Avg Verified _____ Handicap _____

Date _____ Notes _____ Collections _____