



CHANGE AUTHORIZATION FORM THE SOUTHWEST BOWLING ASSOCIATION TOURNAMENT

Name of Substitute

Average

USBC National ID#

Street Address

Mark One Below

Book Summer

Entry

Lane

City

St

Zip

Jan 1st* Current*

Squad

Time

*Requires League Sheet

Phone

Email

T D/S A/E

Person Being Replaced

Events (Fill in Applicable)

Team Captain

Average Change Only _____

Bowler Name

Corrected Average

Name Correction Only _____

Corrected Name

Do Not Write Below This Line

Tournament Official _____ Membership Verified _____ Avg Verified _____ Handicap _____

Date _____ Notes _____ Collections _____