

Nebraska USBC Women's Championship Tournament

Use this form to make a substitution or verify an average.

Mail to: Nebraska USBC Tournament, 1610 N Madison St., Fremont, NE. 68025 If time does not permit mailing, bring it to the tournament office **no later than one hour prior to scheduled squad time.**

Entry Number: _____ Date scheduled to bowl: team: _____ doubles/singles _____

Name of original entrant: _____ Her ID Number _____

Name of substitute: _____ Her ID Number _____

Highest sanctioned average: (refer to rule 6 to make certain you use the correct average)

- a. 2024-25 winter season: average _____ number of games in average _____ (must be at least 21)
- b. December 31, 2025 average _____ number of games in average _____ (must be at least 21)
- c. Date of Participation: average _____ number of games in average _____ (must be at least 12)
- d. 2025 summer season: average: _____ number of games in average _____ (must be at least 21)
- e. No other average must use average: 220

Signature of association manager or league secretary verifying average: _____

Association name: _____

Office use:

Substitute is replacing original entrant in: _____ team _____ doubles/singles

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Team Captain's Name _____