

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

<b>ENTRY NUMBER:</b> TEAM _____  D/S _____
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<b>DATES &amp; TIMES</b> TEAM _____  D/S _____
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**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, 2017 \_\_\_\_\_ APRIL 15, 2017 \_\_\_\_\_ 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](mailto:daliakeyes@aol.com)**

<b>(OFFICE USE ONLY)</b>  TEAM _____  D/S _____  A/E _____
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