

2019 SUBSTITUTE BOWLER FORM

(Must be a UAW member/retiree or spouse)

PLEASE PRINT LEGIBLY

Member Retiree Spouse

YOUR FULL NAME: _____

YOUR SOCIAL SECURITY #: _____
(Required for any winnings payout)

YOUR MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

YOUR PHONE #: _____

YOUR LOCAL UNION: _____

BOWLER YOU'RE
REPLACING: _____

ENTRY NUMBER: _____

LANE: _____

YOUR HIGHEST AVERAGE: _____

Event(s) You're Bowling In:

Singles Team