QUEENSLAND STATE DISABILITIES CHAMPIONSHIPS
SQUAD CHANGE REQUEST

T'MENT ENTRY NO:..... **BOWLER'S NAME:**.....

PLEASE CHANGE TO: **Singles/Doubles/Teams**

DATE:..... **TIME:**..... **TIME:**.....
(1st choice) (2nd choice)

Requested by:..... **Actioned**...../.../.....
(Tournament Staff to initial & date)

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