



WYOMING STATE USBC
www.bowlwyo.com

Local Association DELEGATE CREDENTIAL FORM for
the ___2017___ Annual Delegate Meeting

This is to certify that at the membership meeting of _____
(Local Association), CITY _____ Zip Code _____
the following delegate was duly elected to represent the above named association at the
Annual State Delegate Meeting , to be held September 2016 in Cheyenne, Wyoming.

Table with 5 columns: Youth Dele (Please check), NAME OF DELEGATE, TITLE, MAILING ADDRESS, PH NUMBER. Rows 1-6.

NAME OF ALTERNATE DELEGATES
1. _____
2. _____
3. _____

LOCAL PRESIDENT SIGNATURE AND EMAIL ADDRESS

LOCAL ASSOCIATION MANAGER SIGNATURE AND EMAIL ADDRESS

IMPORTANT: Properly complete credential form. Send original to State Association Manager
and make a copy for your delegate to bring to the annual meeting.

MUST BE POST MARKED NO LATER THAN SEPTEMBER 1ST.

DELEGATES MUST PRESENT THEIR COPY OF THIS CREDENTIAL FORM TO THE DELEGATE COMMITTEE WHEN YOU
SIGN IN AT THE ANNUAL MEETING IN ORDER TO HAVE VOTING PRIVILEGES.

ELAINE OVERMAN, ASSOCIATION MANAGER
1490 KELLY DRIVE, CASPER, WY 82609
elaineoverman@gmail.com