



WYOMING STATE USBC
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Local Association DELEGATE CREDENTIAL FORM
for the 20__ 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 25th 2022 in Sheridan, Wyoming.

Table with 5 columns: Youth Dele (Please check), NAME OF DELEGATE, TITLE, MAILING ADDRESS, PH NUMBER. Rows 1-10.

NAME of ALTERNATE DELEGATES

- 1. _____
2. _____
3. _____

LOCAL PRESIDENT NAME AND EMAIL ADDRESS

LOCAL ASSOCIATION MANAGER NAME AND EMAIL ADDRESS

GENERAL ASSOCIATION EMAIL ADDRESS (IF APPLICABLE)

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

MUST BE POST MARKED NO LATER THAN SEPTEMBER 1ST.

Jessica Divis, ASSOCIATION MANAGER
10560B HWY 59 S, Gillette, WY 82718 – associationmanager@bowlwyo.com